HARVARD MEDICAL

Alumni Bulletin

February 1980

Vanderbilt Hall:
Promises Kept

ALUMNI FLIGHTS ABROAD
1980~1981

A newly-expanded program of travel now offers an even wider choice of journeys to distant and fascinating areas of the world, including for 1980 the islands of the Galapagos, the Nazca Lines and the desert of Peru, the Amazon, the unusual lands of southern India, an expanded program of discovery to the ancient cities of Greece, Asia Minor and the Aegean, new and more extensive itineraries in ancient Egypt and in the Far East and in India and the Himalayas, as well as the ruins of Tiahuanaco in Bolivia and the Stone Age world of New Guinea, the lands of New Zealand and Australia, the islands of the Seychelles, and game-viewing in the wilds of Kenya and Tanzania.

The travel program is a special one for alumni and alumnae of Harvard, Yale, Princeton, M.I.T., Cornell, Columbia, Dartmouth, and certain other distinguished universities and for members of their families. Now in its 16th year, it is designed for educated and intelligent travelers and planned for persons who might normally prefer to travel independently, visiting distant lands and regions where it is advantageous to travel as a group.

REALMS OF ANTIQUITY: A newly-expanded program of itineraries, ranging from 15 to 35 days, offers an even wider range of the archaelogical treasures of classical antiquity in Greece, Asia Minor and the Aegean, as well as the ancient Greek cities on the island of Sicily, the ruins of Carthage and Roman cities of North Africa, and a comprehensive and authoritative survey of the civilization of ancient Egypt, along the Nile Valley from Cairo and Meidum as far as Abu Simbel near the border of the Sudan. This is one of the most complete and far-ranging programs ever offered to the civilizations and cities of the ancient world, including sites such as Aphrodisias, Didyma, Aspendos, Miletus and the Hittite citadel of Hattusas, as well as Athens, Troy, Mycenae, Pergamum, Crete and a host of other cities and islands of classical antiquity. The programs in Egypt offer an unusually comprehensive and perceptive view of the civilization of ancient Egypt and the antiquities of the Nile Valley, and include as well a visit to the collection of Egyptian antiquities in the British Museum in London, with the Rosetta Stone.

SOUTH AMERICA and THE GALAPAGOS: A choice of itineraries of from 12 to 29 days, including a cruise among the islands of the Galapagos, the jungle of the Amazon, the Nazca Lines and the desert of southern Peru, the ancient civilizations of the Andes from Machu Picchu to Tiahuanaco near Lake Titicaca, the great colonial cities of the conquistadores, the futuristic city of Brasilia, Iguassu Falls, the snow-capped peaks of the Andes and other sights of unusual interest.

EAST AFRICA—KENYA, TANZANIA AND THE SEYCHELLES: A distinctive program of 5 outstanding safaris, ranging in length from 16 to 32 days, to the great wilderness areas of Kenya and Tanzania and to the beautiful islands of the Seychelles. The safari programs are carefully planned and comprehensive and are led by experts on East African wildlife, offering an exceptional opportunity to see and photograph the wildlife of Africa.

THE SOUTH PACIFIC and NEW GUINEA: A primitive and beautiful land unfolds in the 22-day EXPEDITION TO NEW GUINEA, a rare glimpse into a vanishing world of Stone Age tribes and customs. Includes the famous Highlands of New Guinea, with Sing Sings and tribal cultures and customs, and an exploration of the remote tribal villages of the Sepik and Karawari Rivers and the vast Sepik Plain, as well as the North Coast at Madang and Wewak and the beautiful volcanic island of New Britain with the Baining Fire Dancers. To the south, the island continent of Australia and the islands of New Zealand are covered by the SOUTH PACIFIC, 28 days, unfolding a world of Maori villages, boiling geysers, fiords and snow-capped mountains, ski plane flights over glacier snows, jet boat rides, sheep ranches, penguins, the Australian "outback," historic convict settlements from the days of Charles Dickens, and the Great Barrier Reef. Optional visits can also be made to other islands of the southern Pacific, such as Fiji and Tahiti.

CENTRAL ASIA and THE HIMALAYAS: An expanded program of three itineraries, from 24 to 29 days, explores north and central India and the romantic world of the Moghul Empire, the interesting and surprising world of south India, the remote mountain kingdom of Nepal, and the untamed Northwest Frontier at Peshawar and the Punjab in Pakistan. Includes the Khyber Pass, towering Moghul forts, intricately sculptured temples, lavish palaces, historic gardens, the teeming banks of the Ganges, holy cities and picturesque villages, and the splendor of the Taj Mahal, as well as tropical lagoons and canals, ancient Portuguese churches, the snow-capped peaks of the Himalayas along the roof of the world, and hotels which once were palaces of maharajas.

THE FAR EAST: Itineraries which offer a penetrating insight into the lands and islands of the East. THE ORIENT, 30 days, surveys the treasures of ancient and modern Japan, with Kyoto, Nara, Ise-Shima, Kamakura, Nikko, the Fuji-Hakone National Park, and Tokyo. Also included are the important cities of Southeast Asia, from Singapore and Hong Kong to the temples of Bangkok and the island of Bali. A different and unusual perspective is offered in BEYOND THE JAVA SEA, 34 days, a journey through the tropics of the Far East from Manila and the island fortress of Corregidor to headhunter villages in the jungle of Borneo, the ancient civilizations of Ceylon, Batak tribal villages in Sumatra, the tropical island of Penang, and ancient temples in Java and Bali.

Prices range from $2,350 to $3,900 from U.S. points of departure. Air travel is on regularly scheduled flights of major airlines, utilizing reduced fares which save up to $600.00 and more over normal fares. Fully descriptive brochures are available, giving itineraries in detail and listing departure dates, hotels, individual tour rates and other information. For full details contact:

ALUMNI FLIGHTS ABROAD

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Credits: p. 2, Janice Ziemba; p. 3, Gwen Frankfeldt; p. 15, 63, News Office; p. 20, 42, 43 (upper right), 44, 45, 49 (upper right), Jamie Brandt; pp. 29-33, 37-41, 43, 46-49, Janet Knott; 50-51 courtesy of Anne Wyman; p. 64, Massachusetts Eye and Ear Infirmary.

Cover: Jamie Brandt '82, a member of the Walter B. Cannon Society, changed into his professional photographer's hat at a recent meeting and used an old four-by-five viewfinder camera — needed to avoid the distortion of an ordinary wide-angle lens — along with an exposure of several minutes to achieve this unique cover shot of the Vanderbilt dining hall.

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MATEP: awaiting final approval

It seemed to be a lesson in viewpoints, a case of bad good news and good bad news but still no final news at all. Despite a formal ruling November 30 by the Massachusetts Department of Environmental Quality Engineering (DEQE), the future of the diesel portions of Harvard's Medical Area Total Energy Plant, Inc. (MATEP) remains as cloudy as the days when the top of the plant's 315–foot smokestack disappears into a low–hanging sky. The announcement by David Fierra, deputy commissioner of the DEQE, was run in a *Boston Globe* story under the headline: "Harvard diesel power plan rejected." In contrast, both the *Harvard Gazette* and the Medical Area *Focus* reported that "DEQE gives conditional approval for MATEP generator." Attorney Thomas B. Bracken, who is representing opponents of the plant, said he was "pleased with the final decision...that the diesel portion be disapproved." But L. Edward Lashman, MATEP vice president and director of external projects at Harvard, while unhappy about the stringency of the ruling, stated that MATEP has prepared a new plan drawn up according to suggestions made by the DEQE. He predicted that the okay for installation of the diesels could come within two or three months.

The fact is, the DEQE ruling officially turned down a proposal submitted in January 1977 by MATEP which called for the use of diesel engines to generate electricity for the Harvard Medical, Dental, and Public Health schools, the area hospitals and research centers, Simmons College, the Massachusetts College of Pharmacy, the Winsor School, and the 774 apartments in the Mission Park housing development. Fierra cited the potential threat to public health posed by nitrogen oxide pollution from the diesels as the reason for the decision. However, this pronouncement merely upheld the majority of the findings Ellyn Weiss, a DEQE hearing officer, had made public last May. She said then that nitrogen oxide should be considered a health hazard even though there are no state or federal regulations that currently restrict its output. What was probably more significant about the latest DEQE edict were the conditions, spelled out by Fierra, under which MATEP might be allowed to operate the full "cogeneration" facility. Cogeneration would utilize otherwise wasted heat from diesel operations to help generate steam and cool water and thereby squeeze approximately thirty percent more energy from a gallon of oil than is possible with conventional power and steam sources. In his statement, Fierra confirmed the department's earlier approval of non–diesel components slated to produce steam heat and chilled water cooling for the Medical Area. In addition he listed specific guidelines for future use of the diesel portions. The strictures include close monitoring of MATEP emissions by the state, and an immediate shutdown of the plant if and whenever nitrogen dioxide levels are suspected of contributing to excessive ozone in the area. MATEP would be required to meet a mass emission limit for nitrogen oxide of 850 pounds per hour, as well as to ensure that ambient levels from all sources including the new plant never exceeed 320 micrograms per cubic meter of air in any one hour period.

"These conditions are over and above statutory and regulatory requirements for compliance with all applicable air quality standards," Lashman said. He noted that in Weiss's tentative decision last May, 940 micrograms per cubic meter of air was estimated as the threshold for adverse health effects, even though what Lashman terms the best medical evidence presently available suggests that ill effects would not begin to occur until a level of 2820 micrograms was exceeded. Weiss then recommended a safety factor of three to five, which resulted in the 320 level. Such a factor, Lashman stated, is higher than for any current federal air quality standard.

"The conditions go beyond what we think the evidence justifies," he said. "However, given the hearing officer's report and the fact that the decision was made in the absence of a formal federal or state standard for short–term nitrogen oxide exposure, DEQE has acted to permit this pioneering cogeneration project to proceed in a manner that ensures full protection of public health.

"Although plant efficiency will suffer under these limitations, the conditions give both state regulators and plant operators a chance to learn from actual experience what the limits should be so that both energy conservation and public health goals can be met."

MATEP's most recent counterproposal was forwarded to Fierra's desk on January 16. It specifies the measures MATEP is prepared to im-

A new Medical Area landmark

plement in order to obtain DEQE sanction. According to the plan, with the diesels in operation nitrogen oxide emissions from the entire facility would be limited to a maximum of 850 pounds per hour. If ambient levels of nitrogen dioxide rose to above 280 micrograms per cubic meter, the plant would reduce operations so that no more than three diesels, each running at fifty percent of normal capacity, would be in use; and, if necessary, would pick up standby power from the Boston Edison Company. Ambient air quality monitoring stations would be built at three sites: at Route 9 and Chestnut Hill Avenue in Brookline; on Parker Hill; and in the immediate vicinity of the plant. Data from those facilities would be relayed via a computer link to the DEQE offices. The plan also promises a MATEP commitment to procedures that would limit nitrogen oxide emissions as much as possible and to a continuing search for better nitrogen oxide control equipment.

All parties involved in the three year old MATEP controversy have thirty days — until February 15 — to comment on the plan before Fierra makes his final decision. Following the November 30 ruling Bracken had indicated that his clients might appeal the approval given the non-diesel components, and that they would certainly contest any attempt by MATEP to operate the diesels. He is now preparing a formal reply to the new MATEP plan. When asked for his initial reaction to the proposal, he said that "in the first place, we don't think the conditions suggested by Mr. Fierra are adequate to protect the public health. And, after a preliminary review, our impression is that the proposal Harvard has made does not even meet those conditions."

In the past, opposition has come from Mission Hill community groups, the Massachusetts Department of Public Health, Brookline environmental protection groups, Congressman Robert Drinan, and state representative (and recently unsuccessful Boston mayoral candidate) Mel King, among many others. Their objections have centered on the plant's size and its location in a densely populated urban area with a high proportion of children, elderly, and sick people. Within a mile of the plant site at Brookline Avenue and Francis Street are seven hospitals, five nursing homes (one only seventy feet away) and fifteen public schools.

In public hearings which followed the October 1977 DEQE "proposed ruling" approving the diesels, Stanley V. Dawson, then assistant professor of environmental health engineering at the Harvard School of Public Health, explained that his concern stemmed from the detrimental effects of nitrogen oxide on the respiratory system and on the body's defenses against infection. He testified that there would be particularly serious dangers for asthmatic persons. This and other related objections are almost certain to be raised once again as MATEP continues to push for full utilization of its nearly-completed facility.

Elderly cares

Nearly one–third of the money spent on health care in the United States is devoted to only slightly more than one–tenth of the population — people who are sixty–five or older. That group is growing faster than any other; in another forty years it may account for twenty percent of the population. More important, half of those who ever made it to age sixty–five are alive today. Yet courses in gerontology or geriatrics are included in the curricula of fewer than fifty percent of this country's medical schools, and in 1977 only three residencies nationwide were devoted exclusively to geriatrics.

As one response to such statistical imbalances — and related issues of public health and policy — the Faculty of Medicine voted in December 1978, to establish the Committee on Geriatrics. According to Dr. John W. Rowe, director of the gerontology division at the Beth Israel Hospital, assistant professor of medicine at HMS, and chairman of the new committee, a primary concern is that the results of both diverse and overlapping research presently being conducted in several schools and departments within the University be brought together as a coherent, central, accessible resource. Although based at the Medical School, the committee is intended to be "a center for learning that goes far beyond the clinical aspects of aging," Dr. Rowe said. "To develop more comprehensive curricula and programs on aging, we want to draw upon many different faculty perspectives."

In the year since the faculty voted the committee into existence, it has quickly established itself. Three federal grants, which together provide almost one million dollars of support over the next few years, and four tasks forces, organized around particular disciplines (biology and physiology; social medicine and public health; clinical medicine and surgery; psychiatry and neurology) and already at work investigating a variety of medical, social, and economic problems faced by the elderly, indicate the viability and vitality of this new endeavor. Outfitted with its own budget and staff and a home at 643 Huntington Avenue, the committee has devised an agenda which includes the development of courses and research on the aging process in the natural and social sciences, the establishment of residencies and fellowships in geriatrics, and the use of expertise drawn from a broad university base — psychology, education, political science, health policy, and biology — to develop programs for long term care.

Federal support for the project includes one grant from the National Institute on Aging and two from the Administration on Aging. The first, a Geriatric Medicine Academic Award, is one of only seven such grants made by the institute. Administered by Dr. Rowe, the $350,000 will be used during the next five years to provide core support for curriculum building, research, and postdoctoral training.

A $100,000 one–year planning grant from the AOA has been provided for a group led by Jerome Avorn '74, assistant professor of preventive and social medicine at HMS and director of the program in geriatrics at the Harvard School of Public Health, to develop proposals for a long term care gerontology center. "We want to determine how Harvard can do a better job in training people to care for the elderly and in stepping up its research efforts on aging," Dr. Avorn said. "We also want to look at the ways in which Harvard can assist the local agencies that provide direct services for the elderly. There are a number of exciting options to explore." During the year of this grant, faculty members throughout the University will work together to decide what services such a center should provide, what research it should conduct, what public policy issues it should address, and what different kinds of clinical services it should offer in homes, hospitals, nursing homes, day care centers, and congregate housing, an increasingly popular concept that allows elderly residents to maintain independent living quarters but to share social and medical services.

The other award from the AOA ($430,000 over six years) will be used to establish a fellowship program for physicians interested in teaching geriatric internal medicine or psychiatry. The fellowship will provide three years of support; the first as a fellow, and the second and third years as a junior faculty member. Based at the

Beth Israel and the Hebrew Rehabilitation Center for Aged, and with components at the Medical School and several of its teaching hospitals, the incipient program will be directed by Dr. Richard Besdine, assistant professor of medicine at the Beth Israel and physician at the Rehabilitation Center.

Dr. Rowe explained that sometimes what would be an abnormal condition in a young person is perfectly normal for someone significantly older. Some tests — hematocrit, urinalysis, and serum electrolytes — remain constant over time, but others are likely to change. Creatinine clearance rates (which measure renal function) often differ between young and old, as do glucose tolerance and renin levels.

Such variations are important to consider because diseases are usually studied in young or middle–aged patients, and often present differently in the elderly. "The experienced geriatrician sees painless myocardial infarctions, sepsis without fever, pneumonia presenting as confusion, and hyperthyroidism as a nonspecific clinical picture of apathy, anorexia, and mental changes. Few studies clearly outline these age related differences."

DNA researcher named to Edward S. Wood Chair

Charles C. Richardson, M.D., an investigator in the forefront of research on the metabolism and structure of DNA, has been named to the Edward S. Wood Chair in Biological Chemistry at the Harvard Medical School. Currently chairman of that department, and a member of the HMS faculty since 1964, Dr. Richardson has been working to illuminate the molecular processes that enable DNA to furnish individual cells with genetic information that is usually — but not always unerringly — reproduced in successive generations.

"Although the overall process of DNA replication is fairly well understood, we still do not have a clear understanding of the detailed reactions that are taking place at the molecular and enzymatic levels," he explained. "It is only by fully understanding normal cellular functions that we can hope to understand defective, or abnormal processess — let alone correct them." The ultimate search is for the causes of birth defects, certain genetic disorders, and the uncontrolled growth of cancer cells. Dr. Richardson's research, which has highlighted many of the steps involved in the replication, recombination, and repair of DNA, has involved the initiation and synthesis, the unwinding of double–strands, and the breakdown (degradation) of DNA.

In nearly twenty years of attention to the biochemistry of DNA, Dr. Richardson has developed several simple replication systems. Through isolating mutant bacteria and bacteriophages he has been able to create reactions that are comparable to — and verify — those that occur at the cellular level. These efforts have derived clues as to the basic mechanisms of both normal and abnormal DNA metabolism.

Two of the enzymes identified by Dr. Richardson — exonucleases III and VII — degrade, respectively, double–stranded and single–stranded DNA, and have proved useful to scientists engaged both in preparing novel molecules to seek out other enzymes and in studying the structure and function of nucleic acid. He has also identified and purified the enzymes polynucleotide kinase and DNA ligase, which have become integral components of studies of the organization and expression of genes, including those in human cells.

Dr. Richardson is involved now in perfecting *in vitro* methods of carrying out the complete process of DNA replication unsing *E. Coli*, infected with phage T7 — a bacteriophage that contains a linear, double–stranded DNA molecule. Only in that way, he believes, will the factors that affect and control the complexities of the process be revealed.

In recognition of his scientific accomplishments, Harvard awarded Dr. Richardson an Honorary Degree in 1967 and he was elected a Fellow of the American Academy of Arts and Sciences in 1975. After graduation from Duke University Medical School in 1960, he worked with Dr. Arthur Kornberg, one of the country's foremost investigators in nucleic acid research, as a postdoctoral fellow in the department of biochemistry at Stanford University Medical School.

The Edward S. Wood Professorship, established in 1954, honors Dr. Edward Stickney Wood, who was professor and head of HMS's department of chemistry from 1876 to 1905.

BULLETIN BOARD

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1) The *Alumni Bulletin* is published six times a year. The dates of publication and copy deadlines are: **Jan./Feb. — Jan. 1; Mar./Apr. — March 1; May/June — May 1; July/Aug. — July 1; Sept./Oct. — Sept. 1; Nov./Dec. — Nov. 1.** 2) Per word (single insertion) 10 word minimum, 50¢; Per word 2 times in one contract year, 45¢; Per word 6 times in one contract year, 40¢; 3) Payment for all insertions must be received with the copy. 4) Post Office box number counts as two words. Telephone numbers count as one word. No charge for Zip Code. We are unable to accept HMAB box numbers. 5) Send orders to: Harvard Medical Alumni Bulletin, 25 Shattuck St., Boston, MA 02115

OPPORTUNITIES

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Right: the seal of the city of Boston

Above: the seal of the American Association of the History of Medicine.

Medical history tours

It is well known that Boston is not only the Athens of America but the Hub of the Universe. After sharing the limelight four years ago during the Bicentennial, Boston is now in the midst of its own 350th jubilee. The spirit of this celebration promises to be in ample supply for the fifty-third annual meeting of the American Association for the History of Medicine, to be held in Boston from April 30 through May 2, 1980.

Boston has a wealth of medical lore, which is to be found throughout the city. First on the AAHM agenda on Wednesday, April 30, will be rounds of various libraries and other sites of medical historical interest. George E. Gifford, Jr., M.D. will lead a tour that will include stops at the Massachusetts Historical Society and the Ether Dome at the Massachusetts General Hospital.

Dealers in antiquarian books and instruments will display their wares at the Park Plaza Hotel (headquarters for the meeting) Thursday and Friday. A reception will be held at the Countway Library Thursday evening, hosted by the Boston Medical Library, the sponsor of the AAHM colloquia. Participants will then be treated to a baroque ensemble, "The Friends of Dr. Burney," which will perform *The Mock Doctor*, Henry Fielding's 1793 adaptation of Moliere's 1666 comedy, *Le Medicin Malgre Lui (The Physician in Spite of Himself)*.

The principal roles will be sung by Nancy Armstrong (soprano), Rufus Hallmark (tenor), and David Ripley and Keith Kibler (baritones). They will be accompanied by musicians playing historical instruments: Daniel Stepner, baroque violin; Friedrich von Huene, baroque flute; Laura Jeppesen, viola da gamba; and Charlotte Kaufman, harpsichord.

Of special note to medical history afficionados is an event that will precede the AAHM meeting. On Tuesday, April 29, the tenth annual meeting of the American Osler Society will be convened at the Countway Library. Papers will be delivered on Sir William Osler and medical humanism. A special exhibit will also be on view, "William Osler and the Boston Medical Library."

Members of the medical community interested in attending either of these meetings must register in advance. For further information contact George E. Gifford, Jr., 51 Brattle Street, Cambridge, Massachusetts 02138.

PROMOTIONS

Professor

Howard F. Bunn: medicine
Harvey Cantor: pathology in the Division of Immunopathology at the Sidney Farber Cancer Institute
Harvey R. Colten: pediatrics
John D. Crawford '44: pediatrics
Willard M. Daggett: surgery at the Massachusetts General Hospital
I. Leon Dogon: operative dentistry at the School of Dental Medicine
Alice S. Huang: microbiology and molecular genetics
Robert G. Ojemann: surgery at the MGH
Peter H. Schur '58: medicine at the Robert Breck Brigham Hospital

Clinical Professor

Arthur F. Valenstein: psychiatry
Earle W. Wilkins, Jr. '44: surgery
Stanley M. Wyman '39: radiology

Associate Professor

Herbert T. Abelson: pediatrics at the Children's Hospital Medical Center
Robert H. Ackerman: radiology at the MGH
Mathea R. Allansmith: ophthalmology at the Harvard Community Health Plan
Inese Z. Beitins: pediatrics
Myron L. Belfer '65: psychiatry at the CHMC
Michael B. Berman: ophthalmology (biochemistry)
Howard L. Bleich: medicine at the Beth Israel Hospital
Nancy L. R. Bucher: surgery (oncology)
James A. Burton: pathology
Martin C. Carey: medicine
W. Hallowell Churchill, Jr.: medicine at the Peter Bent Brigham Hospital
Kenneth R. Davis: radiology at the MGH
Martha B. Denckla '62: neurology at the CHMC
David E. Drum '58: radiology at the PBBH
Frank H. Duffy '63: neurology at the CHMC

Thomas O. Fox: neuropathology
Michael A. Gimbrone, Jr. '69: pathology
Richard N. Goldstein: microbiology and molecular genetics
John G. Gunderson '67: psychiatry
Charles A. Hales: medicine at the MGH
William A. Haseltine: pathology
Samuel J. Hessel: radiology
Demetrios G. Lappas: anesthesia at the MGH
Brian W. A. Leeming: radiology at the BI
John C. Long: pathology at the MGH
Frederick H. Lovejoy, Jr.: pediatrics at the CHMC
Michael N. Margolies: surgery at the MGH
Kenneth McIntosh '62: pediatrics at the CHMC
William E. Mitch '67: medicine
Michael A. Moskowitz: neurology
Eva J. Neer: medicine (biochemistry)
Arthur H. Neufeld: ophthalmology (physiology)
Stanley J. Reiser: history of medicine in the Faculty of Medicine
Robert C. Rustigian: microbiology and molecular genetics
John J. Savarese: anesthesia at the MGH
Alan L. Schiller: pathology at the MGH
Patricio Silva: medicine at the BI
Warner V. Slack: medicine at the BI
Nicholas A. Soter: dermatology
Reynold Spector: medicine at the PBBH
Roy D. Strand: radiology at the CHMC
Terry B. Strom: medicine
Richard A. P. Throft '62: ophthalmology at the Massachusetts Eye and Ear Infirmary
Arthur C. Waltman: radiology at the MGH
Jess B. Weiss: anesthesia at the Boston Hospital for Women

Associate Clinical Professor

Charles K. Beyer: ophthalmology
Ralph J. Kahana: psychiatry
Maria Lorenz: psychiatry
Eric L. Radin '60: orthopedic surgery
Leon N. Shapiro: psychiatry
Martin A. Taubman: oral biology and pathophysiology

Senior Research Associate

John S. Barlow '53: neurology

Assistant Professor

Alan R. Adolph: ophthalmology (physiology)
Ann V. Als: radiology at the BI
Jerome L. Avorn '74: preventive and social medicine
Stuart B. Bauer: surgery at the CHMC
Robert W. Baughman: neurobiology
David M. Bear '71: psychiatry at the BI
Larry I. Benowitz: psychobiology in the department of psychiatry
Michael A. Bettman: radiology at the PBBH
Don C. Bienfang '65: ophthalmology at the PBBH
Max Borten: obstetrics and gynecology at the BI
Leslie E. Botnick: radiation therapy
Ursula C. D. Brandt: psychology in the department of psychiatry at the PBBH
Edward M. Brown '72: medicine
Gloria V. Callard: obstetrics and gynecology (reproductive biology)
Jacob A. Canick: obstetrics and gynecology (reproductive biology)
Gordon G. Carmichael: pathology
Young C. Chang: pathology at the West Roxbury Veterans Administration Hospital
Wayne R. Cohen: obstetrics and gynecology at the BI
Jeanne A. Coombs: dental care administration
John A. Correia: radiology at the MGH
Jean–Michel Dayer: medicine
John A. D'Elia: medicine at the New England Deaconess Hospital
Ronald C. Desrosiers: microbiology and molecular genetics
Jo Deweese: psychology in the department of psychiatry
Lambertus J. Drop: anesthesia at the MGH
David K. Dueker: ophthalmology
John H. Eichhorn '73: anesthesia
Michael F. Epstein: pediatrics
Richard I. Feinbloom: preventive and social medicine at the Mt. Auburn Hospital
Harris J. Finberg '71: radiology at the PBBH
C. Stephen Foster: ophthalmology at the MEEI
Arlan F. Fuller, Jr. '71: obstetrics and gynecology at the MGH
Anne B. Fulton: ophthalmology at the CHMC
Stephen J. Galli '72: pathology
David L. Gang: pathology at the MGH
Mark B. Garnick: medicine at the SFCI
Leo E. Gerweck: radiation therapy (radiation biology)
Barbara A. Gilchrest '71: dermatology
Ernesto Gonzales: dermatology at the MGH
Laurence H. Green: medicine at the PBBH
Joel S. Greenberger '71: radiation therapy
Ferris M. Hall: radiology at the BI
Jay R. Harris: radiation therapy
Thomas J. Hougen: pediatrics
Arlan N. Howell: radiation therapy
Thomas H. Howell: periodontology at the School of Dental Medicine
Alan M. Jacobson: psychiatry at the Massachusetts Mental Health Center
Bernard J. Jacobson: ophthalmology (biochemistry)
Marjorie K. Jeffcoat: periodontology
Alan G. Jones: radiology (nuclear medicine) at the PBBH
Bronwyn Jones: radiology at the PBBH
Philip F. Judy: radiology at the PBBH
Antoine Kaldany: medicine at the NEDH
Rob H. Kirkpatrick: radiology at the MGH
Daniel A. Kirschner: neuropathology
Robert A. Kloner: medicine
Gerard P. Koocher: psychology in the department of psychiatry at the CHMC
Dennis M. D. Landis '71: neurology
Yhu Hsiung Lee: pediatrics at the Channing Laboratories
Barry M. Lester: pediatrics (psychology)
Jane B. Lian: biological chemistry
Takashi Maki: surgery
Anastasia Makris: obstetrics and gynecology (reproductive biology)
Colin R. McArdle: radiology at the BI
Jack E. Meyer: radiology at the MGH
Howard B. Michaels: radiation therapy (radiation biophysics)
Janet C. Miller: anesthesia (biochemistry)

John W. Mills: anatomy in the department of medicine
Paul A. Moore: oral biology and pathophysiology at SDM
Jonathan Moss: anesthesia at the MGH
Gilbert H. Mudge, Jr.: medicine at the PBBH
John E. Munzenrider: radiation therapy at the MGH
Dennis D. O'Keefe: surgery
David A. Phillips: radiology at the PBBH
Marlene Rabinovitch: pediatrics at the CHMC
Arthur R. Rhodes: dermatology at the CHMC
Malcolm P. Rogers '69: psychiatry at the PBBH
Jorge A. Romero '72: neurology
David K. Ryugo: anatomy
Jonathan W. Said: pathology at the PBBH
Martin A. Samuels: neurology at the PBBH
Marcel W. Seiler: pathology at the WRVAH
Edward B. Seldin '68: oral and maxillofacial surgery
Geoffrey K. Sherwood: medicine at the BI
Jacob B. Silversin: dental care administration
Eve E. Slater: medicine at the MGH
Daniel E. Souder: medicine at the MGH
Roger D'Avesne Spealman: psychobiology in the department of psychiatry
Robert S. Stern: dermatology at the BI
David Tapper: surgery
Rita L. Teele: radiology at the CHMC
Anthony T. Tolentino: prosthetic dentistry at HCHP
David E. Trentham: medicine
W. David Watkins: anesthesia at the MGH
Howard J. Weinstein: pediatrics at the CHMC
Bruce U. Wintroub: dermatology
Joshua Wynne: medicine at the PBBH

Assistant Clinical Professor

Joseph S. Barr, Jr. '60: orthopedic surgery
A. Robert Bellows: ophthalmology
Arnold L. Berenberg: radiology
Donald J. Breslin: medicine
Richard M. Chasin '60: psychiatry
Joseph B. Dowd: surgery
W. Robert Felix, Jr.: surgery
George E. Garcia: ophthalmology
Gerald Hass: pediatrics
Robert W. Healy: medicine
William N. Jones: orthopedic surgery
Gary P. Kearney: surgery
John A. Libertino: surgery
Harold L. May '51: surgery
James W. May, Jr.: surgery
Charles Naggar: medicine
Ernest H. Picard '55: neurology
Anneliese A. Pontius: psychiatry
Ronald C. Pruett: ophthalmology
David G. Satin '58: psychiatry
S. Patrick Scavotto: oral diagnosis and radiology
Edward R. Shapiro '68: psychiatry
Porter H. Smith: anesthesia
David Steinberg '64: medicine
Leonard Zinman: surgery
Walter Zuckerman: surgery

Principal Research Associate

Robert E. Carraway: physiology
Charles D. Gilberg '77: neurobiology
Andre Rosowsky: pharmacology
Donald M. Silver: surgery (immunology)
Rudi D. Neirinckx: radiology (nuclear medicine)

Lecturer

Alan M. Kleinfeld: biophysics
Margaret C. Olendzki: medicine at the MGH
Richard C. Webster '43A: otolaryngology

APPOINTMENTS

Professor

Constantine S. Anast: pediatrics at the CHMC
Benjamin G. Covino: anesthesia
Harold F. Dvorak '63: Mallinckrodt Professor of Pathology
Thomas W. Smith '65: medicine

Associate Professor

Turner E. Bynum: medicine at the PBBH
Donald P. Harrington: radiology at the PBBH
Wilson C. Hayes: orthopedic surgery
Waldo S. Hinshaw: radiology at the MGH
Douglas W. Wilmore: surgery

Assistant Professor

David A. Begg: anatomy
William C. Dewolf: surgery (urology)
Phillip R. Gordon: pathology at the BHW
Thomas B. Grayboys: medicine at the PBBH
J. McLeod Griffiss: medicine
Steven B. Hammerschlag: radiology at the MEEI
Jay Hirsh: biological chemistry
David M. Kurnit: pediatrics
James A. Nathanson: neurology
Dennis C. Russo: psychology in the department of psychiatry at the CHMC
Dennis B. Solt: oral pathology
Brian F. Tack: pediatrics
Aaron R. Thornton: otolaryngology (audiology) at the MEEI
Deborah P. Waber: psychology in the department of psychiatry

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Application forms may be obtained from, and completed applications should be returned to:

Committee on Alumni Fellowships in the Medical School
Harvard Medical School
25 Shattuck Street, Boston, Massachusetts 02115

A VIEW FROM THE TOP

learning to cope

Dean Daniel C. Tosteson

This is the first of a series of open letters to you from the deans of your alma mater. I think of the Harvard Medical School as an extended community of scholars in medicine who have come here, at one time or another, to learn together. However, because the majority of HMS graduates now live and practice outside of Boston — only two years ago I was among that number — it is often difficult to maintain communications within such a geographically heterogeneous community. I hope that these letters will help keep you informed about what is going on here and bring you closer to the School.

In future letters, other deans and I will describe and discuss several new HMS initiatives. Many of these involve the natural and social sciences and the humanities as they relate to medicine, others deal with the clinical sciences and services. We will also review the impact of inflation and the depreciation of our aging buildings on the balance sheet of HMS. But in this opening message I want to confine myself to a few comments about the process that brought us all together in the first place: medical education.

During the last seventy years, the medical sciences and medical practice have altered enormously, always in the direction of greater complexity, but the structure of medical education has changed relatively little. The knowledge germane to the physician's tasks has simultaneously broadened and deepened. For example, we now readily acknowledge that it is essential for medical practitioners to have some awareness of economics and the law, but at the same time we observe the medical impact of the increasing depth of understanding in virology and immunology. It is a rare week that goes by without some earnest adviser telling me that we must not grant the Harvard M.D. to students unless they know more about this or that additional vital body of information. Such a situation can be troubling, but it seems to me that it also can teach the medical educator a number of useful lessons.

First, given the disparity between

A VIEW FROM THE BOTTOM

a farewell to lunch

John Levine, M.D. '79

Although the late 1960s were an acrimonious time to be at college, the lunches were excellent: the food was institutional, but I learned a great deal from talking with graduate students outside my area of concentration. By 1975, however, when I returned from a stint in the Navy and entered Harvard Medical School, lunch was being phased out of the curriculum. Costs rose, deficits mounted, and the Vanderbilt Hall dining room closed. It reopened but never fully recovered.

Students on clinical electives started frequenting hospital cafeterias. Faculty members joined the line at the School of Public Health. Some of the thriftier residents of Vanderbilt Hall started eating lunch in their rooms. Personal expenses went down, but there were other costs. Social contact between clinical and basic sciences students declined. Interaction between faculty and students declined even more.

A further unintended consequence of the policy of "every dining hall on its own bottom" was the demise of the faculty dining room in Vanderbilt Hall. Financially, it was not a profitable operation, and it did not survive, despite a few tries at resuscitation. The faculty was dispersed to brown bag seminars, Arby's, faceless cafeterias, submarine sandwich shops. The department of microbiology ended up with its very own cafeteria, so that there was no longer any risk of talking with colleagues from other disciplines. The Medical School was well on its way to Balkanization. One noted biochemist remarked that closing the faculty dining room was shortsighted. But it was probably a sign of the times.

I wonder about the future of this place. I am struck, when I talk with earlier graduates, by how close they were with their classmates and professors. Dr. Perry Culver recalls being part of a group of students who took their professor out to an elaborate dinner at the conclusion of the introductory course in clinical medicine.

the enormous mass of information relevant to medicine and the limited capacity of individual minds to assimilate and retain it, the goal of medical education clearly must be to prepare students for continual, active learning, rather than to attempt to impart sufficient factual knowledge to sustain a lifetime of competent clinical practice. Second, the increasing breadth and depth of understanding makes the selection of material to be included in the curriculum ever more important and difficult. The temptation to try to cover too much is almost irresistable, and the rich variety of relevant information can divert the attention of faculty and students away from the techniques and processes of learning. Thus, the third lesson is that greater attention in medical education and practice must be given to the methods of managing large amounts of information. These include, for example, statistical and decision–making theory, as well as the use of advanced technologies for processing and storing information. Fourth, and to my mind most important, we recognize that the act of learning flows from the desire to learn, as described by such words as will, commitment, determination, and industry. They add up to what used to be called character.

Supporting these aspects of the growth and development of physicians is not peripheral but central to medical education. At HMS we are trying to meet these changing demands on medicine and medical education by devising more helpful learning experiences for our students. Each of you knows the disciplined effort necessary to maintain and strengthen your skills as a physician. It will help us to know your thoughts about how the Harvard Medical School can better serve you, and those who follow you in and out of its doors, in this unending endeavor.

When, a few issues ago, the new administration made a collective debut it seemed a good idea to hear from the inner sanctum regularly. The deans' business concerns the School and the School concerns the students, so it also seemed natural to have them share the podium. We are not pitting one against the other, just letting each have his or her say.

Today I think this would be uncommon. As government funds dwindle, however, medical schools may come to depend increasingly on alumni financial support. How can one call upon alumni to help sustain a community that was never there?

A recent article by Richard Eder in the *New York Times* described Harvard as well celebrated but uncollegial; Oscar Handlin was quoted as saying that Harvard is not a community at all. One is reminded of the comment by Clark Kerr, when president of Berkeley, that the function of a university is to provide sex for the students, football for the alumni, and parking for the faculty. This school does not even provide its faculty with a decent place for lunch.

Two years ago, on the last day of my rotation in medicine, a dietician and I sent out for Chinese food at lunch time and had it delivered to the Beth Israel Hospital in a taxi. When the food arrived, we paged the resident and intern on our team and gathered in the solarium on the fourth floor of the Feldberg building. While we were all eating with chop sticks, we were discovered by a house officer who was taking internship applicants on tour.

"What's this," he snarled, pointing at our lunch.

Our resident looked up. "Oh", he said pleasantly, "this is Peking on the Feldberg."

The tour leader sneered. "I don't have time to eat Chinese food," he said, emphasizing the personal pronoun.

Our resident paused thoughtfully. "I don't either," he said. "You just have to get your priorities straight."

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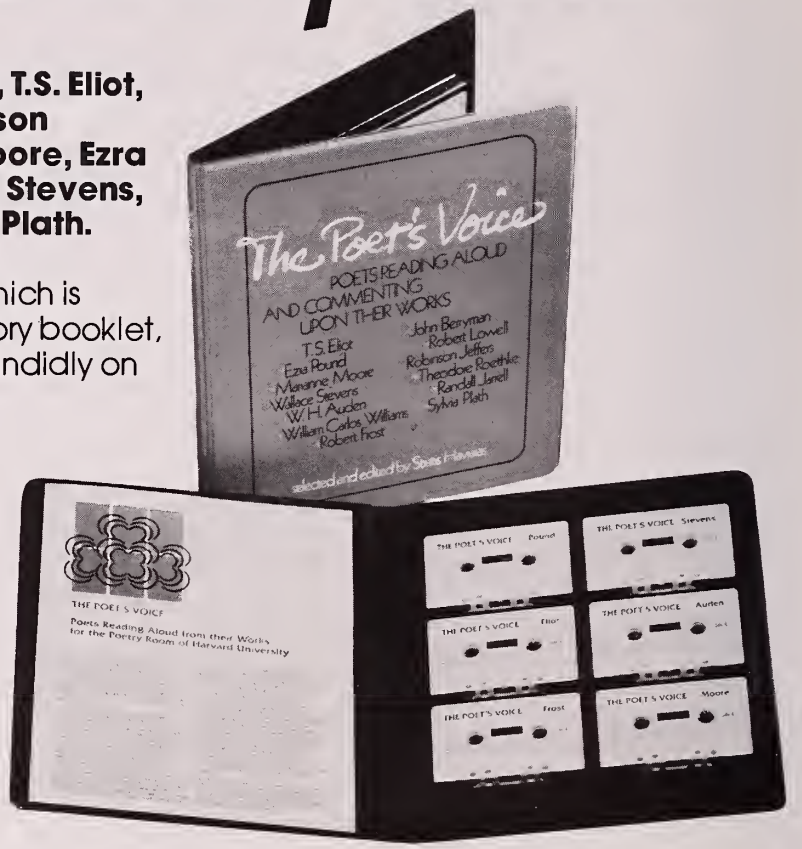

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Major issues considered by the Alumni Council during three meetings — October 1978, January 1979, and May 1979 — are summarized on these next seven pages.

Institutional Self–Study. Consideration of the summary (published in the May/June 1978 HMAB) occupied a large portion of the fall agenda. One major shortcoming of the report seemed to be an absence of information about the elective curriculum. Dean Federman explained that 132 units of credit are needed to graduate. In addition to the introduction to clinical medicine, the distribution requirements include three months of medicine, two of surgery, three of clinical clerkships (from a choice of eight specialties including psychiatry, pediatrics, and obstetrics), and a four month concentration, of which one month must be in the basic sciences. Some significant areas that council members felt were overlooked by the self–study were: the development of teaching methodology; a weak — and barely operative — preceptorship program; the use of community hospitals and their staff physicians in implementing family medicine programs; a clear formulation of Harvard Medical School's educational goals; establishment of continuing medical education programs of interest to HMS graduates. Dr. Federman reminded the council that the self–study itself is only an initial step and that their critique most certainly will be fodder for various faculty committees.

Prior to the 1979 winter meeting, Perry J. Culver '41 had asked council members for written comments on the self-study, which he then paraphrased. This distillation of perceptions and suggestions reflected the council's concerns: the staggering amount — and the breadth and depth — of information passed on to the students; the need to develop expertise at history–taking and physical examination; the meaningful involvement of clinical faculty — at all levels — in the academic lives of medical students; the development of collaborative curricular enterprises, such as in health policy and analysis; the need for resource development; and the continued restoration of Vanderbilt Hall.

According to Dr. Federman, one serious casuality in the eternal modernizing of the curriculum has been the elimination of class–wide lectures in the third year that categorically presented diseases for the edification of the entire class. Once students disperse into the hospitals there is little unity to what they will learn. In response to a question about why the curriculum had been changed from its classical orientation in the 1940s and 1950s, Frank Austen '54 replied that the faculty had in recent years capitulated to the short–term interests of the students, rather than holding their ground, asserting their collective expertise, and allowing only modest changes to be made. While the council does not intend to tell the faculty how to teach, it is greatly concerned about the quality of medical education at Harvard. The self–study is a study in complexity, and the Alumni Council decided that adequate provisions would ensure that its concerns are made apparent.

Alumni Survey Committee. Over the course of three meetings of the Alumni Council, attention was intently focused on the current and future directions of the Alumni Survey Committee. Two directives had been issued: to investigate the financial needs of the School and to develop new concepts of continuing education. Dean Tosteson, Carl Walter '32, and John Merrill '42, a representative to the Committee on Resources, participated in discussions that centered on HMS finances. Subsequently, the Survey Committee outlined three approaches: informational brochures for the waiting rooms of alumni/ae; a questionnaire to explore attitudes about resource identification and solicitation; and joint creative scientific ventures between business and academe.

Committee members also spoke with Dr. Stephen Goldfinger in regard to his interest in establishing a post in the alumni office that would seek to match continuing medical education experiences at HMS with the specific needs of alumni/ae, especially those from outside the Boston area. The Survey Committee reached the following conclusions in its report: endowment must be increased continuously; the Committee on Resources should be rejuvenated and its membership broadened; and a center for continuing education near the Quadrangle should be pursued.

Council members debated the value of an attitudinal questionnaire without coming to a conclusion. Chairman Henry Vaillant '62 assured those present that "one can be professional as well as evangelical." Carl Walter relayed some of what he had told the ASC, namely that "endowment was one of the follies of the past." Councillors applauded Dr. Goldfinger's proposal and hoped that the alumni/ae will be enticed by the opportunity to design their own CME

programs and reacquaint themselves with Harvard's diverse educational offerings. Frank Williams '50 offered a motion, unanimously passed, in support of a combined continuing education–alumni office activity.

At the January 1979 meeting, a questionnaire assembled by the Survey Committee was carefully scrutinized by the council. Overall, the reception was lukewarm. Melvin Osborne '42 feared that such a questionnaire might raise false hopes in respondents that their views actually would be consulted in formulating official HMS policies. Others doubted the validity of the questionnaire and its usefulness unless information was elicited about what each person's career experience has been. Ronald Malt '55 pointed to a lack of objective data — "a shotgun approach won't work." Dean Tosteson himself stressed that his goal is meaningful human contact, so that alumni/ae around the country will be motivated to become involved with HMS, whether through fund raising, admissions, or participation in continuing medical education programs.

The Survey Committee met again in May, prior to the meeting of the Alumni Council, to review recurring topics of interest and to brainstorm new ones. Dr. Vaillant aptly summed up his committee as "a creature of doubtful parentage and somewhat confused purposes." The members feel an obligation to investigate subjects of value to the Alumni Council and the administration, but it seems almost a matter of once burned, twice shy. Representing the committee, Drs. Vaillant and Carlton Akins '70 indicated that they and their colleagues were unsure of which of numerous paths they should be following, and at whose behest. Another evident need was to establish priorities among the topics that had been tossed out by the Alumni Council as worthy of study. Some of the items that the Survey Committee deemed worthy of its investigative talents are: student life in the broadest sense, not just life in Vanderbilt; evaluations of academic performance; the relationship between HMS and its graduates; junior faculty attitudes; hospital affiliations; the bicentennial of HMS; the academic societies; and a continuing education center in the context of a bicentennial fund raising drive. Dean Tosteson had earmarked resource development and continuing education as his charges, which the ASC had undertaken with only modest success in the former and endorsement of the latter.

There was general agreement that a single, well–defined charge is necessary for the continued functioning of the ASC, and that proposed topics should not be subject to prior approval. Dr. Walter summed up the prevailing sentiment that the Survey Committee's work was "alumni input, which the administration could take or leave."

One of the suggested headings of interest to the Alumni Council was the matter of the junior faculty and their satisfaction with life at HMS. Drs. Vaillant and Akins said that the committee's view was that such a charge would be overstepping their jurisdiction as an arm of the alumni association. They were amenable to the suggestion that the ASC meet with the Alumni Council during the October 1979 meeting.

Internship Advising *(Fall 1978, Winter, 1979)*. Curtis Prout '41 advised the council on the residency results for the class of 1978. The leading choices once again were internal medicine (90) and pediatrics (26). [See the July/August 1978 *Alumni Bulletin*, pp. 7-9.] He added that those who choose pediatrics at Harvard tend to have the stereotype that the MGH is interested in primary care and the CHMC in the academic side. Surgery (20) was still experiencing a decline, and interest in ophthalmology (4), unexpectedly, had fallen off.

A discussion was launched revolving around the perennial matter of grades. At the instigation of Dean Federman, weekly meetings were taking place between him, Dean Carola Eisenberg, and the registrar, Noreen Koller, to discuss those students having academic problems in the preclinical years. According to Dr. Federman, for the first two years students' transcripts contain only S's or U's, and between ten and sixteen percent of students will receive a U during this period of study. If that happens, the student comes before the promotion board, which recommends remedial action. Once the student performs satisfactorily, the transcript shows a U,S.

Phyllis Gardner '76 commented that even in the absence of grades, the students are still extremely competitive, and those who have always done the best want more than an S for their hard work. The council voted unanimously to suggest that a formal request be made to the preclinical faculty to give at least written comments on each student, since they have long–term contact with them and do gain a sense of their abilities.

At the spring meeting, Dr. Prout filed a report on the class of 1979, the members of which had been accepted by "a glossy list of hospitals." More students were opting to leave the Harvard constellation, but at the same time, a provincial outlook showed in others who, trying to ensure their residency at a Harvard hospital, narrowed their major rotations to a single institution in order to improve their chances. It is recognized that some residency directors favor students who patronize their programs.

No significant change in the specialty choices of the class was discernible. The people going into psychiatry (not all of whom immediately enter the specialty) were top notch as were those choosing family practice. Fewer students placed in family practice residencies than applied due to the attitude that if they didn't get their first two choices, they preferred to enter an internal medicine program instead.

According to Dr. Prout, no strictly family practice programs exist in New England. "A primary care residency here," he stated, "is similar to a straight medical residency at a less 'molecular' hospital."

Despite the very successful results of the match, many students who did not receive their first choice were afflicted by what Dr. Prout termed a "sadness." Since the students can read the letters that he prepares, they should have a sense of their chances, but precisely for that reason many department chiefs are inhibited and tend to write bland comments. According to Dr. Prout, grades would give the students a clear — and realistic — reflection of their abilities instead of having the news descend upon them unmercifully on Match Day. Another factor affecting the students' overall disposition is the implied promises that they feel are transmitted during their hospital interviews. Dr. Prout said that

he had heard about this phenomenon at a number of hospitals.

As for the Dean's Letter itself, great care is taken to avoid words and phrases that will be interpreted as "keys." No information is changed unless it is proven to be incorrect. Dr. Prout reiterated that it is almost impossible to rate 165 students without benefit of grades, and sometimes without meaningful comments from their instructors. To complicate the situation further, the students all expect to be number one, but not at their classmates' expense. Council members agreed that the personal consequences of altruism of that sort can be severe. Ned Cassem '65 described the internal medicine rotation at the MGH, for example, as incredibly anxiety–provoking. He sees the problem as one of narcissism, in that students cannot accept being second to anyone. But, he cautioned, sooner or later they would have to confront — and learn to accept — this as a fact of life. Dr. Eisenberg said that privately they know how they are doing, even if they act blase in front of others.

Branching off from the Dean's Letter, Dr. Prout directed the council's attention to the still–unsettled matter of family practice. Twenty percent of the nation's medical students are entering careers in family practice; HMS, however, stands aloof with no real commitment at either the undergraduate or residency level. Perhaps the Cambridge Hospital should be the locus for a family practice residency. Harvard's posture, he continued, has been to damn family practice without knowing what it's about. In fact, family practice might be the place to start postgraduate training. Explorations should be taken to the highest levels — department chairpersons, program directors, and the upper echelons of the administration. The council supported the content of Dr. Prout's remarks regarding family practice and its eventual impact — even if indirect — on the Harvard Medical School.

Student Affairs *(Spring 1979).* Associate Dean for Student Affairs Carola Eisenberg described the functions of her office. A singular objective is to make students feel at home with her as someone with a stake in their four years at HMS. She regularly invites members of the first and second year classes in groups of twenty–five to her home for dinner and socializing. She makes herself accessible to the students, so that they will feel comfortable talking with her, and she has initiated a support group for people who for one reason or another have fears of failure. A supporter of all extracurricular endeavors, she considers it a privilege to work with the students. Dr. Eisenberg informed the council about the discouraging situation of Vanderbilt, with particular reference to the food service. (Her observations preceded the changes that have since taken place.)

Her "bird's eye" view of the students' academic aspirations is that many are interested in a pragmatic sense in primary care. She also volunteered several reasons for the decline in national board scores: two major curricular changes in the past ten years; lack of grades; the variance of material on the national boards with what HMS courses cover; and the impression on the part of the faculty that the boards are not important.

Several council members stressed that Deans Federman and Eisenberg should not always protect the students from facing up to their adult responsibilities. Grades were again urged by the council — even if they are only symbolically significant. Dr. Eisenberg commented that most students are self–driven and study obsessively. The question of grades, reported Dr. Federman, is to be addressed by the faculty at a future time.

Financial Aid *(Spring 1979).* James Pates, Assistant Dean for Student Affairs, enlightened the Alumni Council as to the extent of student indebtedness. From several tables he had prepared, it was obvious that a higher percentage of families in upper income brackets are seeking financial aid. Out of the student body of 665, 400 are awarded loans, scholarships, or some combination of the two, according to Mr. Pates.

While the need for financial aid is increasing, the sources seem to be drying up, and federally supported loans may even be discontinued altogether. The amount of HMS–controlled scholarship funds holds steady at $700,000 and outside scholarship monies total another $647,500. Some of that is derived through the US Public Health Service and the Armed Forces in return for future service. Mr. Pates explained the system of loan resources and the varieties of administration involved and noted that the default rate is about 1.5%. He suggested that one's entire higher education should be viewed as a lifetime investment — comparable to a house — and in that context, students are taking out mortgages.

HMS policy is that students are ineligible for scholarship money unless they have first taken out a minimum of $7,500 in loans per year. The interest rate in general is seven percent and the repayment schedule starts nine months after graduation. Pressure is being applied to the Congress by the AAMC to extend the payback time from ten to fifteen years, since house officer salaries do not edge up to respectable levels until three or four years after graduation. Dr. Culver commented that the class of 1974, on the occasion of their fifth reunion, had confirmed that their educational debts were adversely affecting their willingness to contribute to the alumni fund.

Admissions *(Spring 1979).* Oglesby Paul '42 informed the Alumni Council about his efforts to reorganize the admission committee and its five subcommittees with respect to minority representation. The matter was turned over to the Faculty Council, which in May 1978 appointed a study committee, the Ad Hoc Committee on Admissions Policies and Procedures (a.k.a. the Hellman Committee). Before that committee had gone very far in its work, the Bakke decision was handed down, which, in the opinion of the University counsel, necessitated changes in the admission procedures for minority applicants. In November, 1978, Dean Tosteson met with students opposed to any changes in existing procedures. There ensued a "brisk exchange" regarding the future of the minority admission subcommittee. In order to reach an early resolution of this problem, another ad hoc committee of students and faculty, including professors Archibald Cox and Derrick Bell, the unofficial representative of the minority students, was formed, chaired by Dean Tosteson. That ad hoc committee recommended a somewhat reduced role for all of the subcommittees and joint minority-nonminority screenings and interviews of minority applicants. It became the Hellman Committee's charge, therefore, to

consider these new procedures put into effect in December 1978 to conform with the Bakke decision. (See the Hellman Committee report, p. 20.)

Dr. Paul then presented background on the class that entered in September 1979. More applications had been received for the class of 1983 than ever before. Members of the admission committee, together with alumni/ae, interviewed approximately two hundred applicants in Los Angeles, San Francisco, Atlanta and Austin, Texas. 1978–79 was the first admissions season handled exclusively by computer (located in Building A) and the 4000 letters of acceptance and rejection were issued on the target date of February 15, 1979. Furthermore, the first applications for the class of 1984 were sent out on May 29, substantially earlier than had been the case previously.

One problem that has yet to be solved is the recruitment of more senior faculty to the committee. Students are involved in the process, although Dr. Paul is ambivalent about second year students sharing in the interviewing. He plans more formal indoctrination for them. Reports are expected from all interviewers within five days. Dr. Paul has tried to institute shorter and more frequent meetings, to help counter "application fatigue." He also hopes that a rotation of members will keep the committee's outlook fresh.

The statistics for the class of 1983 revealed that applications had risen ten percent above the 1978 figure — from 3701 to 4084 — despite a ten percent decline in the national applicant pool. Women comprised thirty percent of the acceptances. After dropping to 348 in 1978, from a high of 502 in 1977, minority applications waxed strong at 514. (Harvard's definition of minorities are blacks, Chicanos, mainland — continental US — Puerto Ricans, and American Indians/Alaskans.) In 1979, thirty–five candidates were selected; they are from the best of the nation's minority applicants. A large number of faculty and alumni/ae offspring applied, and, as is customary, all were granted interviews.

The slowest part of the process is the interviewing and Dr. Paul effected a reduction in the total volume. Twenty–two percent of the pool was interviewed (916), as opposed to thirty–three percent in 1977–78. In addition, 127 individuals were interviewed for the twenty–five places in the HMS–HST program. Thirty–one of the interviews were conducted only by alumni/ae. The withdrawals rose to forty–nine; five of these withdrew to continue their studies with Rhodes and other scholarships and will matriculate at a later date.

Dr. Paul fielded questions from council members about the current admissions operation. To Jane Schaller '60's question, what is the admission committee looking for, Dr. Paul responded that through screening and interviewing an estimate of the student's personality was gained, along with conventional criteria — the autobiographical essay, letters of reference (which he indicated are of limited value), extracurricular activities, and academic performance — that will help to predict leadership and future scientific achievement. Douglas Collins '52 asked whether the computer would enable the admission office to correlate GPAs and MCATs to performance in medical school. Dr. Paul answered that it is almost impossible to quantify success and achievement. Age, sex, college, and letters of recommendation had little value in predicting who is going to have academic trouble. Grades and MCATs, he asserted, were the only fairly reliable measures. A suggestion was made that HMS develop a questionnaire to be sent to residency directors which, over time, could be used as an evaluative tool. Dr. Paul emphasized that students are not chosen on the basis of specific projections of what they might do once they graduate; nor are there quotas in terms of professional goals. Interviewers are primed to inquire about an individual's motivation to become a physician, but not to press applicants to state that they are unequivocally going to enter one or another specialty.

Ad Hoc Committee on Admissions Policies and Procedures *(Spring 1979).* In her capacity as the alumni/ae representative to that committee Gertrude (June) Murray '54 reported back to the Alumni Council. [The observations that she delivered to the council are juxtaposed with the report that starts on p. 20.] Frank Austen '54 opened the discussion by sounding an alarm that the scores of the nonminority students are on a decline. He termed the Hellman Committee findings "a report of mediocrity," in light of the number of test failures cited and his sense that academic standards are not upheld as they once were. Dr. Walter concurred that the students seem to have a dedication to mediocrity.

What kind of emphasis on excellence is abroad at HMS was posed as the issue. Dr. Federman said that students were closely united in their wholesale rejection of recognitions of excellence as represented by their refusal to accept grades as well as scholarships awarded solely on the basis of merit. He summarized the students' position: they know they are competitive and believe that external forms of recognition are unnecessary and invidious. He also affirmed that the admission committee is doing a better job of finding talented minorities and that their rate of admission to HMS has remained constant.

National board scores were one criteria examined by the Hellman Committee. Harvard's poor showing on these tests has come to the attention of President Bok. He has said that if the Medical School faculty thinks that the scores of medical students should be better, then he will appoint a faculty committee to investigate this turn of events. Dr. Federman noted that several other private schools are studying national board performance. One important fact that should not be lost sight of is that the HMS curriculum markedly differs from the subject matter tested by the national boards. Dr. Austen commented on the great variability in the amount of basic science knowledge that students bring with them into their clinical clerkships. In his opinion, the current system enables the faculty to recognize only abysmal performance.

Office for Academic Programs *(Fall 1978).* Dean S. James Adelstein '53 outlined the structure of his office, which administers the educational programs leading to the M.D., Ph.D. and the M.D.–Ph.D. degrees, and appoints some fifty standing and numerous ad hoc committees to carry out faculty business. His responsibilities also include monitoring library resources and formulating educational philosophy. Eleanor Shore '55 works

"Yet despite a rise from $2,500 to $6,500 in the past decade, HMS tuition still ranks below the median for private schools."

with Dr. Adelstein as Associate Dean for Faculty Affairs. Under her aegis new procedures for faculty appointments have been implemented. For both internal and external candidates, the process now consists of three components: a job description, a search committee, and a review committee to ensure that the search committee does its job and that the candidates essentially are satisfied with their treatment. Dr. Adelstein informed the council that teaching and other service to the School — activities that are harder to document than pure scholarship — will be taken into greater account now than has been true in the past.

By subjecting the entire appointment and promotion hierarchy to stringent methodology, objective criteria rather than the possible capriciousness of a departmental chairman will determine an individual's academic fate. To speed up the process, the Committee on Professors has been divided into four teams, each of which is assigned one–half day a month for committee work on senior faculty appointments. A side benefit of these procedures is that many more faculty will become actively involved with administrative aspects of the School. Another plan designed especially to bring more junior faculty into the fold is the regular rotation of standing committee memberships. Dr. Walter supported this as a positive step, but explained that continuity is demanded on some committees — for example, the committee on animal care — in order to keep the wheels in motion.

The other major area of concern of Dr. Adelstein's office is educational programs. Norman Geschwind '51, the new chairman of the curriculum committee, is reorganizing that body to include representatives from all of the Quadrangle and hospital–based disciplines. Among the issues to be considered are obligatory requirements for courses in the behavioral sciences and pediatrics as well as elective requirements and the need to pass part I and II of the national boards.

Dr. Adelstein reminded the Alumni Council that the Division of Medical Sciences was in the midst of its seventieth year of existence. In re-

sponse to a query about the division's autonomy — it is the offspring of the Faculty of Arts and Sciences and the Faculty of Medicine — Dr. Adelstein explained that HMS exercises control through the return of tuition money. In addition, ten National Research Service Training Awards are used to support ninety out of one hundred and sixty–five students. The sometimes divided nature of the division should be ameliorated, he maintained, by greater participation of the Medical School faculty in the meetings of their counterparts in Cambridge.

Office for Finance and Business *(Winter 1979).* The council was introduced to Dean Mitchell Adams through a preliminary report on the financial picture of the Harvard Medical School for 1980. He discussed the causes and effects of various factors. One unavoidable choice that had to be made was to raise the tuition thirteen percent to help compensate for inflation and decreased federal support. Harvard's tuition is higher when compared to the schools with which it competes (Stanford, Hopkins, Yale) and is close to (Boston University and Tufts). Yet despite a rise from $2,500 to $6,500 in the past decade, HMS tuition still ranks below the median for private schools. State schools receive an annual legislative appropriation and one solution, according to Dr. Walter, would be to follow the policy of Japanese educators and levy a three percent "tax" on the lifetime income of HMS graduates. He believes that such a scheme would mitigate dependence on tuition, which has never been a major source of private school financing. In a similar vein, Dr. Walter urged that scholarships be distributed on the basis of academic excellence to cement a positive identification between donor and recipient. He emphasized that donors of scholarships do not want their money handed out as thinly disguised loans. He suggested that other forms of non–repayable support be referred to as "grants in aid."

Mr. Adams gave a capsule history of MATEP (Medical Area Total Energy Plant). Its financing has been arranged through a "for profit corporation," which will lease the plant to its users for a thirty–five to forty year period at a constant payment rate of seven and a half percent of capital costs. At the end of that time, HMS will have the option of buying the power plant for the fair market value.

Dean Henry Meadow pointed out that thermal efficiency would be improved more than twenty percent per barrel of oil if electricity is generated, and a savings of two to three million dollars a year could result for the participating institutions, which would not require the services of Boston Edison. [See p. 2 for the most recent ruling on MATEP.]

Class and Reunion Fiscal Management *(Winter 1979).* David Aloian, director of the Associated Harvard Alumni, spoke to the Alumni Council about the options available to reunion classes and Harvard Clubs that wish to obtain tax-exempt status. Having examined the IRS requirements with the Boston law firm of Ropes and Gray, Mr. Aloian, assisted by Mr. Vic Koivumaki, associate for classes and reunions, apprised the council of their findings:

1) *Do nothing.* This has been a common practice until recently. Now savings banks will not accept new accounts without an identification number. Consequently, classes that want to earn interest on their accumulated funds have to get such a number.

2) *Group application.* By incorporating a particular group, such as is done for the twenty–fifth reunion class of the College, a group exemption can be conferred.

3) *Hold class funds in one account.* Under this method, one person would be responsible for receiving and disbursing the funds of all the classes. Traditionally, however, classes and clubs like to be independent and in control of their own funds.

4) *Gain tax-exempt status for graduating classes.* Before each class graduates, it could be set up as a nonprofit organization. Eligibility rests on the election of officers and the existence of a constitution.

5) *Non-interest bearing account.* This type of account is not subject to IRS regulations because no interest is earned.

6) *Apply for an IRS number.* If tax-exempt status is not sought, then an information report is filed annually. (The amount of annual interest earned by HMS classes would fall below the taxable dividing line of $5,000.) Mr. Koivumaki called this "the path of least resistance."

A variation of number four above is to have a class or club apply as a charitable foundation. Again, a constitution would have to be formulated and substantial other documentation provided as well. The drawback of this approach is time — it takes about two years to get a ruling. Dr. Walter suggested that number three above be followed with a single account administered by the alumni office for all reunion classes. His motion to that effect was passed.

Student Employment *(Winter 1979).* Mr. James Bristow '80, who at the time was manager of the student employment office, reported that its successes had been less than hoped for. A total of thirty–two students were registered with the SEO as of January 1979; seven out of twenty–three long–term jobs and eight out of eight short–term jobs had been filled. Much of the problem Mr. Bristow linked to the fact that not all jobs meet the criteria of the medical students: proximity to the Quadrangle, minimum pay of $4.00 an hour, and regular schedules. Obviously, students also prefer jobs that are of a medical or scientific nature.

The job supply is shrinking and Mr. Bristow indicated that one traditional source — hospitals — have been less than enthusiastically cooperative with the student employment office due to affirmative action obligations. Jobs within the Quadrangle itself are becoming scarce possibly, Mr. Bristow speculated, because a student who leaves a job may pass it on to a classmate, thus circumventing the SEO. Dr. Federman mentioned that he has tried calling hospital personnel directors to encourage them to place medical students in suitable jobs. Mr. Bristow also commented that faculty are reminded through notices in the *Focus* and faculty minutes to contact the SEO when they have job openings to fill. The Alumni Council voted in favor of Dr. Culver's motion that the reorganized student affairs office should now have responsibility for administering student employment.

Associated Harvard Alumni *(Winter 1979, Spring 1979).* Curtis Prout summarized the major agenda items of the winter meeting of the AHA: a persuasive address on nuclear energy by Dr. Albert Carnesale, as-

sociate director of the program for science and international affairs at the Center for International Affairs and lecturer at the Kennedy School of Government; a closer look at the Health Policy Division of the Kennedy School; and a fact–finding mission conducted by the Graduate School Committee that concluded that the umbrella concept of joint Harvard alumni clubs is basically unworkable. The committee proposed that a set of activities be arranged to bridge the gap between Harvard's numerous graduate student populations before they depart on their respective career paths.

While based at the Kennedy School, the Health Policy Division will involve the Medical School and the School of Public Health, as well as the Business School, in its endeavors. Council members agreed that students should have a fundamental knowledge of health policy and planning. By amending the curriculum, students can be grounded in the basics of economic policy making. Dr. Osborne, for one, was chagrined that fourth year medical students seemed uninformed about health maintenance organizations, for example. Several councillors pointed out that economics, public policy, and health management courses are not frivolous, but quite necessary if physicians — rather than bureaucrats — are going to control the future of medicine. Dr. Walter demurred that the job of Harvard Medical School is to educate good physicians, and that this goal cannot be diluted. Dr. Federman commented that it would be valuable to know what the alumni/ae think about including these areas of study in the curriculum. The consensus of the council was to suggest a subcommittee to consider what the Medical School should be teaching and to determine what research should be done at the Medical School in health policy planning. [Subsequent to the spring meeting, announcement was made of the appointment of Dr. David Hamburg to head a division of health policy research and education, that will involve the Medical, Public Health, Kennedy, and Business schools.]

At the spring meeting, Dr. Prout was more sanguine that "horizontal communications" between Harvard's fourteen faculties were improving. Thought was also being given to organizing bus tours, symposia, dances, teas, and parties during each faculty's orientation week. Dr. Culver added that University–wide student committees to implement these and other areas of mutual interest should be developed.

Alumni Fund. At the spring meeting, Dr. Walter describe the impact of the recently–announced $250 million capital drive of Harvard College on incipient fund raising plans to celebrate HMS's bicentennial (1982–83). Basically, there is no conflict between the five-year capital campaign and the ongoing efforts at the Medical School. President Bok has stated that the two can be carried on successfully side by side.

Dr. Walter is presently working with investment counselors to set up financial services for alumni/ae; the proposals are being considered by the Harvard Management Company. In the long run, Dr. Walter projected, money prudently managed by Harvard might well come to the University. At the end of May 1979, a million dollars in gifts and another million in planned giving had been received by the alumni fund.

Comments by the Deans *(Winter 1979).* Dr. Federman described the three academic societies that were then in place: the Cannon (master, Clifford Barger '43A), the Peabody (master, Leon Eisenberg, M.D.), and the Henderson (master, Norman Geschwind, '51). Monthly programs consist of sherry, dinner, and an informal talk. The administration hopes that one day the societies will evolve into an academic role. [See the July/August *Alumni Bulletin*, pp. 2–3, "Academic societies yield academic, social dividends."] The Boylston Society remains autonomous and according to Dr. Federman neither "co–opted nor ignored."

Dean Tosteson then enlightened the Alumni Council about his aims in the academic sphere. He strongly believes that the academic societies are a way "to have at" significant issues in medical education. Reforming the curriculum, he noted, misses the fundamental issue of developing a strategy for medical education. A department of genetics has been established and will be located at the MGH, the Hughes Institute ("three years down the pike"), and the Quadrangle.

In the social sciences and humanities, Dr. Tosteson reiterated that the Medical School will be an active participant in health policy and planning on a University–wide scale. In the clinical sciences and services, a primary care initiative will be spearheaded by Dean Mitchell Spellman (Medical Services). Harvard has received a grant from the Kaiser Foundation to strengthen the teaching of primary care by junior faculty and fellows. Dr. Tosteson assured council members that "this is an effort that we hope and intend to build on," although Harvard does not plan to establish a family practice residency. The Dean is satisfied that extant programs in internal medicine- and pediatric–primary care are the largest of any medical school.

The Harvard Community Health Plan has caused concern among some Boston–area physicians. Dr. Tosteson said that HCHP had been invited to join the teaching hospitals as a member of the Harvard Medical Center. Having done so, Harvard Community Health Plan may become a focus for academic programs in primary care. The inclusion of "Harvard" in its name has been questioned by various alumni. The Affiliated Hospitals Center had requested that "Harvard" precede its name too, but the Harvard Medical Center turned the Affiliated down. Some indication of a connection between the teaching institutions and the Medical School, however, was deemed appropriate. [HMS's relationship to the Harvard Community Health Plan was discussed at the January 1980 Alumni Council meeting.]

Finally, the Dean talked about resource development and the role that alumni/ae can play. "There is no question that the hub of the HMS system is in bad need of increased capital," he remarked. The view that HMS is financially impregnable must be altered because it is not true. Dean Tosteson hopes to have the Alumni Council assist him by identifying ten to fifteen graduates who can bring the School to the notice of influential individuals and groups, since Harvard's well–being is his top priority.

— DEBORAH MILLER

(Ed. Note: For the names of the current officers and councillors, turn to the bottom of p. 1.)

AN AFFIRMATIVE ACTION

Report of the Ad Hoc Committee
on Admissions Policies and Procedures

In 1973, admissions at HMS was the subject of close scrutiny by the Alumni Survey Committee. (See HMAB, vol. 48, no. 4, "Alumni Survey Committee Report," pp. 10-13.) Its findings gave impetus to the creation of an ad hoc admissions review committee in the fall of 1974, chaired by F. Sargent Cheever '36, who was to become the director of admissions in 1975. Dean Robert H. Ebert instructed the Admissions Review Committee: "to review the current admissions process, including organization, composition, size, method of selection, structure, and modus operandi of the present admissions committee and office and to develop for consideration by the faculty a statement of admissions policy . . . and guidelines to govern the operation of the committee on admissions." (See HMAB, vol. 49, no. 3, "Cheever Spearheads HMS Admissions Review," pp. 4-5 and vol. 49, no. 5, "Report of the Admissions Review Committee," pp. 12-17.) The recommendations that were formulated then became part and parcel of admissions policy. Some five years later — and subsequent to the arrival of Oglesby Paul '42 as director of admission in September 1977 — the time seemed right for another thoroughgoing exploration; at the request of the Faculty Council, the Ad Hoc Committee on Admissions Policies and Procedures came into being in May 1978. To ensure adequate consideration of an alumni viewpoint in the proceedings, the Alumni Council moved to appoint a non-faculty graduate, and the administration seconded the motion. Gertrude Murray '54, an internist at the Wellesley College Health Service, was chosen for this precedent-setting duty. At the May 1979 meeting of the Alumni Council, she reported on her assignment. We have published the basic text of the Ad Hoc Committee Report — which has been accepted by the Dean — and included Dr. Murray's candid "margin notes." Her input was well-received and she has since been appointed to the admission committee itself, where she will continue to represent the interests of non-faculty graduates. (*N.B.* At the present time, the official terminology is *admission* committee, director, and office; for syntactical reasons, however, *admissions* has been used in all other instances.)

THIS COMMITTEE was formed in June 1978, at the request of the Faculty Council of the Harvard Medical School, to review admissions policies and procedures. The specific issue which brought this to the attention of the Faculty Council was the possibility of abolishing the subcommittee concerned with minority admissions and instead providing for minority representation on all subcommittees, participation by minority faculty and students in the screening and interviewing of all minority applicants, and strengthening of recruitment of minority and disadvantaged students. Following formation of this ad hoc committee, but before significant deliberation, the Bakke decision was made by the United States Supreme Court. Because the administration, on advice of the University counsel, determined that the Bakke decision required certain changes in existing admissions procedures for considering minority applicants in order to assure medical school conformance, a separate ad hoc committee, chaired by Dean Tosteson, was formed to make appropriate modifications of admissions policy for the class of 1983. This committee therefore decided that its charge had significantly changed to an evaluation of the general admissions policy, but with special consideration of affirmative action and the role of the minority admissions subcommittee. Further, the committee included as an additional charge a careful description and evaluation of the revised procedures in use during the 1978–79 academic year. Excluded from the purview were the admissions procedures of the Harvard–MIT program in Health Sciences and Technology (which are determined by a fifth subcommittee) since there was insufficient time for a thorough analysis of its goals within the Harvard Medical School. It was recommended to the Faculty Council that consideration be given to such a review.

The committee met sixteen times. Many invited and voluntary consultants, as listed in appendix 1, appeared before the committee. During the academic year, members observed the present procedure that culminated in a meeting with all the subcommittee chairmen and the director of admission.

Early in our discussions, it was thought helpful to have some knowledge of the relationship between admissions criteria and eventual performance. We realized that it would be difficult to determine other than the most crude criteria of outcome and that these would have to be restricted to performance while at the Medical School. Ultimate performance in medical careers may be more germane, but data and — more important — value judgments of various career alternatives make such considerations extremely difficult. The committee carefully reviewed the medical literature concerned with this subject, and decided to base its study on the classes of 1974 and 1978. The class of 1974 matriculated in 1970, during the School's early experience with affirmative action. By contrast, when the class of 1978 (the class graduated prior to the establishment of this committee) was admitted in 1974, greater experience had been accumulated. While that is the last class for which such outcome data may be available, the current first year class (1982) was chosen after four further years of experience. The predictive values of the various sections of the Medical College Admissions Tests (MCAT) were analyzed. Further, the committee reviewed this material to determine whether any statements could be made about our minority admissions policies.

CURRENT ADMISSIONS PROCESS

The deadline for all applications was November 1, 1978, and for supplementary data, December 1, 1978. Upon their receipt, applications were divided according to the program (HMS, HST, or both) and then coded in two stages. The first information coded was for college of origin, academic major, degree, year in which the degree was obtained, parents' permanent residence, and where applicable, Harvard–

It was an honor and a privilege — and an education — to participate in the presentations and deliberations of the Ad Hoc Committee on Admissions Policies and Procedures. Created in May 1978 at the request of the Faculty Council, the committee was chaired by Dr. Samuel Hellman of the Joint Center for Radiation Therapy. The reading matter of this committee — minutes, notes, suggested articles and books, correspondence, drafts and statistical studies — loomed 68 mm high and weighed 2379 grams, not counting envelopes.

Our membership totaled eight clinical and basic science faculty, some of whom previously had worked on admissions, Daniel Federman, Dean for Students and Alumnilae, two students, and myself. Each with our own perspectives and biases, we came to the committee's work convinced of its crucial importance. I felt very much an outsider at first as I have only been around the Quadrangle for a few social occasions since I graduated twenty–five years ago. In my view, my constituency was the alumnilae, premedical undergraduates, and the outside world.

The Bakke decision coincided with our preliminary discussions and we seriously considered disbanding. Previously each of four subcommittees was allotted a given number of places to fill for the incoming class; each subcommittee then debated the qualifications of its portion of the applicant pool, subject to little outside influence. Finally, each subcommittee derived a list of candidates that was presented — and defended — before the central admission committee. Moreover, positions on the waiting list were filled by candidates from within the same subcommittee's jurisdiction. These procedures — that we were expected to review — now violated the letter of the law: "merged competition" and no quotas.

Revised procedures were clearly required for the candidates being considered during the 1978-79 admissions season; however we did not feel able to do a comprehensive evaluation — and recommend sound and legal policy changes — in a short period of time.

Instead of rescinding our original charge — which encompassed a review of the entire admissions process — Dean Tosteson convened another ad hoc committee to address the matter of making HMS's admissions policies — on an interim basis for 1978-79 — congruent with the Bakke decision. In early September, Mr. Daniel Steiner, General

Counsel to the University, appeared before our committee to point out the conflicts and simultaneously to inform Medical School and University officials of HMS's precarious legal standing. Immediate provisions were made for the class that matriculated in 1979. Essentially, therefore, our committee monitored the transition to a new set of procedures, with special attention to the role of affirmative action.

Three members of our committee attended regular meetings of the admission committee and observed each step of the process. They found it to be extremely fair, thoughtful, serious and difficult.

As soon as one begins to be critical of admissions policy one immediately perceives that much of its instinctive, intuitive — the art rather than the science. Perhaps this is as it should be and is why admissions decisions cannot be made solely by a computer or by sifting through MCAT and GPAs, and why interviews serve a larger purpose than screening out psycopathic personalities. But there is a striking lack of outcome audits, of feedback, and of studies that verify the validity of the assumptions and decisions of the admission committee.

One chief complaint, which became ours to investigate, was affirmative action in minority admissions. To study objectively a matter that evokes strong emotions, we chose to compare the class of 1974, which was the first class accepted under the expanded affirmative action program, and the class of 1978, the most recent class for which complete figures were available. The data were organized and evaluated by Marvin Zelen, Ph.D., professor of statistical sciences at the Sidney Farber Cancer Institute.

Radcliffe house. The second coding stage identified minority applicants. (Since the applicants have the option of indicating minority status when they actually take the MCAT, some names are circulated through the AAMC Medmar list.) Minority applicants were also tentatively identified on the basis of clues sometimes found in the required essay, letters of reference, extracurricular activities, or college of orgin. One staff member in the admission office was hired specifically for coding and identification of minority applicants. The system appeared to work well: erroneous attributions comprised only one half of one percent of the total applicant pool. Data obtained were stored in a computer together with information collated from letters of recommendation, MCAT scores, and high school and college transcripts. The total number of applications for the class that matriculated in 1979 was 4,187.

The second step in processing applications was screening, which began in October and ended by late December. All members of the admission committee and the several subcommittees were asked to participate in this activity. Moreover, a consultant who had served on the admission committee for some twenty–five years contributed his time as well. Judgments are based on all available information, including the academic record, MCAT scores, the essay, extracurricular activities, and letters of recommendation.

Each application was examined by two screeners. In the case of applications from minority candidates, one of the screeners was a member of the minority subcommittee. Student members of both the admission committee and subcommittees were eligible screeners, but no application was screened by two students. Applications were rated from one to ten; only those rated ten by both screeners were selected for interviews. If an application had only one rating of ten it was examined by a third screener. Thereafter, all subcommittee chairmen had the opportunity to review the applications. The chairman of the minority subcommittee reviewed all pertinent candidates with a rating close to ten. The applications were then assigned among four subcommittees. All minority applications were assigned to subcommittee IV, and the remainder were distributed to subcommittees I, II, and III on the basis of the college of origin. Through years of experience, the subcommittees have learned how to interpret the grading systems and letters of recommendation of different colleges. As a result of the screening process, the applicant pool was narrowed to 926, a four–fold reduction that is believed to be about the maximum possible on the basis of the material received.

All 926 students had two interviews. Interviewers included all members of the admission committee and the subcommittees, and for regional interviews outside of Boston, alumni/ae together with subcommittee representatives. Every attempt was made to assure that at least one interviewer was a member of the subcommittee to which the particular applicant was assigned. The second interviewer was chosen at random. About 2.5% of all applicants were examined only by two alumni/ae interviewers, usually because the applicants could not reach the site of the regional interviews. (Guidelines for interviews were prepared and distributed by the director of admission, and a copy is attached as appendix 2.) The interviewers seek evidence of integrity, ability to relate to others, leadership qualities, broad human interests, and emotional maturity. The applicants were given scores of from 10, if outstanding, to 6 or less, if unsatisfactory.

Whenever possible, each application was presented to the appropriate subcommittee by the member who had functioned as an interviewer. Details of each application brought to light family background, academic record, MCAT scores, the essay, extracurricular activities, letters of recommendation, and the reports of the interviews. General discussion followed with special attention being paid to contradictory information. The subcommittees' deliberations were facilitated greatly by

prior experience with the characteristics of the school of origin and its premedical committee. Thereupon, the applications were either rejected, put on hold, or passed on to the full committee. Applications on "hold" were decided upon in subsequent meetings.

It is important to note that the total number of applicants forwarded by the subcommittees to the parent committee was about twice those finally accepted and that the subcommittees provided no ranking of their respective applicants. This procedure guaranteed true merged competition of applicants from all the subcommittees. The highly–rated applications forwarded from each subcommittee were then randomly assigned to members of the main admission committee. Each member addressed the strengths and weaknesses of the candidates assigned to him or her, again with detailed consideration of socioeconomic backgrounds, school records, MCAT scores, essays, recommendations, collateral activities and impressions from interviews. Each candidate was compared to others from both the same as well as the other subcommittees. Following each presentation and recommendation, the chairman of the pertinent subcommittee announced the consensus that had been reached. After a general discussion, a vote was taken, with options of "accept," "hold," and "reject." The number of votes in each category for each applicant was recorded, followed by more discussion and a final vote.

COMMENTS ON THE CURRENT PROCESS

The initial processing of the application appears to work well, and depends largely on the dedication of the staff member specifically hired for this purpose. Screening, which began in October and was completed by late December, should begin as soon as adequate documentation of the application is available. Screening, in general, appears to be quite satisfactory, but requires significant experience so that at least one year of involvement should be required before a new member is allowed to screen alone. Because this experience is so important, it should be considered when a decision is made on the appropriate tenure for members appointed to both the admission committee and the subcommittees. We believe that the four to one reduction in the number of applications on the basis of screening is the maximum that can be accomplished without interviews.

The ad hoc committee discussed at length whether interviews should be omitted or diminished in importance. We also pondered the value of interviews by non–members of the subcommittee — by alumni/ae — and whether an interview by a member of the admission committee gives the applicant an unfair advantage. Despite the imperfections of the interview, we believe that it serves a useful purpose. The number of qualified applicants is high, and the interview allows an additional selection tool. Further, the members of the subcommittees find that interviewing is the most enjoyable and rewarding experience in the whole process.

A most important consideration is the relationship of the interview by the non–subcommittee member to that of the subcommittee member. It is essential that the written report — and when possible verbal discussion by the two interviewers — occur before the applicant is presented to the subcommittee. We recommend continuation of the interview process. We also believe that two are surely better than one, preventing undue weight being given to a single interview. Further, it allows minority applicants to be examined by two interviewers; one who is — as well as one who is not — a member of subcommittee IV. Students should participate in interviewing but not as the only interviewer for a given applicant. The alumni/ae interviews sometimes create problems when reports are not forwarded on time. The admission office now keeps a record of their participation and revises the list on the basis of performance.

APPENDIX 1

Meeting dates and people interviewed by the committee

July 21, 1978
(no speakers)

September 6, 1978
Dr. Oglesby Paul
Director of Admission
Harvard Medical School

Mr. Daniel Steiner
General Counsel
Harvard University

September 20, 1978
Dr. Leon Eisenberg
Past Chairman of the
Admission Committee

Dr. Edwin Furshpan
Chairman, Subcommittee IV

October 4, 1978
Dr. Edwin Furshpan

November 8, 1978
Michael Watkins '80
student representative
Third World Caucus

Dr. Alvin Poussaint
associate professor of psychiatry
Mass. Mental Health Center;
Associate Dean for Student Affairs
Harvard Medical School

November 22, 1978
Dr. Gerald Foster
Chairman, Subcommittee I

December 6, 1978
(no speakers)

APPENDIX 1 (cont'd.)

January 10, 1979
Derrick A. Bell, Jr.
professor, Harvard Law School

Fletcher Wiley
legal representative of the
Third World Caucus

Michael Watkins '80

January 31, 1979
Dr. Perry J. Culver
Director of Alumni Relations
Harvard Medical School;
Chairman of Admission Committee
Harvard Medical School, 1960-1971

February 7, 1979
Dr. Harold Amos
Maude and Lillian Presley Professor
of Microbiology and Molecular
Genetics

February 7, 1979
Dr. Oglesby Paul

March 14, 1979
joint meeting with subcommittee
chairmen and Dr. Paul

March 21, 1979
Raul M. Rodriguez '80
member of the National Chicano
Health Organization;
representative of subcommittee IV

Philip Perera '80
member of the Boricua
Health Organization;
representative of subcommittee IV

and supporters

Within a large and diversified pool of applicants, the objective is to attempt to single out those individuals whose academic performance is accompanied by a constellation of moral qualities which include integrity, maturity, commitment to society, capacity to relate to people, and broad human interests. The selection is based on thorough evaluation by both the subcommittees and the admission committee of each applicant's credentials. The selection process appeared to be extremely fair, and disadvantaged backgrounds of non–minority candidates appeared to be duly taken into consideration.

It is important to note that applicants presented to the various committees meet very high academic standards so that further selection can only be based on "softer" criteria. Yet, the hard data are not so hard as they might first appear, since it is often difficult to accurately match academic performance of applicants from different colleges. On the other hand, MCAT scores do not necessarily reflect the academic potential, especially for those applicants whose educational experience is largely out of the sciences or those from disadvantaged backgrounds. Thus, in order to ensure educational, geographic, social and racial diversity in the pool of selected applicants, the members of the admission committee and its subcommittees must exert discretion in interpreting the data provided.

The aims and procedures of subcommittee IV do not appear to differ appreciably from those of either the other subcommittees or of the parent committee. Strong emphasis is placed on academic achievement; however, there is awareness among the members of subcommittee IV that candidates with unusual potential may have suffered educational disadvantages. Accordingly, in an attempt to evaluate this potential, socioeconomic background, nonacademic achievements, and interview results are extensively discussed. In this context, demonstrated social commitment is taken as an important indication of leadership, strength of character, and concern for others. In addition, it is essential that there not be unfair discrimination against minority students who are not from disadvantaged backgrounds. No evidence of this was found during our brief observations of subcommittee IV, nor were applicants proposed solely on the basis of social or political activism.

Although the admission committee reiterates much of the subcommittee deliberations, this redundancy is of benefit in the evaluation of the candidates. We have no doubt that truly merged competition among candidates presented by all subcommittees occurs in the final selection by the admission committee. The admissions process as a whole is time-consuming and complex. Each applicant who gains access to the final ranking is screened twice, interviewed twice and then surveyed by two committees. While some simplification may be likely, sudden alteration can only result in a decrease in the fairness and the thoroughness of the procedure. Since there has been only one year of experience with this new system, we recommend that further experience be gained before any major alterations are made. Some modification of the process should be possible in order to decrease the extensive burdens placed on the committee members. We were unable to evaluate the relative weighting of the criteria used and perhaps these should be more explicitly stated. Experience is a crucial factor to the entire process and should be counted in considering the terms of membership on the admission committee and the subcommittees.

ANALYSIS OF THE MCAT AND NATIONAL BOARD SCORES OF THE HARVARD MEDICAL SCHOOL CLASSES OF 1974 AND 1978

Data for the four–part MCAT test (verbal, quantitative, general information, and science) as well as parts 1 and 2 of the National Board Examinations for the classes of 1974 and 1978 were studied. Students designated as minority were compared in performance with their non–minority peers. The numbers of students in the various categories

are shown in Table 1. Passing scores for National Board Examinations are for part 1, 380, and for part 2, 290. Table 2 summarizes the proportion who failed the examination (either part) by class and minority status. A significant change is evident between the classes of 1974 and 1978. In 1974, the failures were restricted to minority applicants, fifty percent failing, while by 1978, approximately 10 percent failed in each group and the difference between them was not statistically significant.

Table 1. Number of Students Available for Analysis

	1974	1978
Total Non–Minority	115	140
Missing at least one National Board Exam	3	13
Number available for analysis	112	127
Total Minority	23	25
Missing at least one National Board Exam	1	0
Number available for analysis	22	25
Total available for analysis	134	152

Table 2. Proportions of Students Failing National Board Exams (either part) by Minority Status and Class

	1974	1978
Non–Minority	0/112 = 0.0	8/127 = 0.06
Minority	11/22 = 0.50	3/25 = 0.12

A comparison of MCAT scores of the two classes is shown in table 3. Distribution of the scores is nearly symmetrical and thus, the medians are approximately the same as the means. It is of interest that the 1974 and 1978 cohorts performed differently on the examinations. The 1978 group was poor in the verbal, quantitative, and general information areas, but clearly did better in the sciences. National board scores for the class of 1978 were significantly lower. These data do not tell us whether the classes were academically different or whether the test in 1978 was more difficult. Table 4 shows scores for minority and majority members of the class. Minority students improved in all areas tested by the MCAT while the remainder performed less well in all but science. Similarly, in the national board examinations, minority students improved between 1974 and 1978; the majority students fared less well. Despite this, the majority students on the whole still have higher scores in both MCAT and national board examinations.

Failure in the national boards (either part) appears related to poor MCAT scores. In particular, if a student's grade is below the median score for each MCAT test, then the chance of failure is high. Table 5 summarizes the proportion of failures by class for minority versus non–minority students. In the class of 1974, of the students who failed, all had MCAT scores below the median. For that class, the failures were restricted to minority students. In the class of 1978, the proportion of failures was far greater when all MCAT scores fell below the median; however, there were some failures even when this was not the case. Importantly, the proportion of failures differed little in minority versus non–minority students, given similar scores on the MCATs. It is clear

APPENDIX 2: INTERVIEW GUIDELINES

The interview is a highly individual and preferably not rigidly structured process which provides to the admission committee the benefits of a direct conversation between an experienced physician or other biological scientist or current medical student and the applicant. The interview should not focus on the facts of education, academic achievement, extracurricular activities, etc., which are adequately documented in the application. Rather, it should be an attempt to appraise the personal qualifications of the applicant. We recognize that almost every applicant is tense and apprehensive at the time of the interview; the interviewer is thus encouraged to make reasonable efforts to make the student feel relaxed and in an atmosphere of goodwill, even though the event must unavoidably constitute a test of the student's accommodation to stress.

Regardless of the initial impression, try to give the applicant adequate time for the interview. An interview should not be deliberately stressful.

Ideally, we seek evidence of native intelligence, judgment, maturity, integrity, imagination and leadership. Is the student rigid or flexible and adaptable? How well will the applicant relate to people? Is the applicant a broad and well-informed young citizen, or is he or she narrow in academic and extracurricular interests? What is the ultimate potential as a physician?

Of course an interview — one interview — cannot hope to answer satisfactorily all these questions. We hope that the interviewer will exercise judgment and discretion in selecting, within the time constraints, those areas appearing most profitable and opportune for exploration.

It is our aim to select for Harvard truly outstanding young men and women destined to be leaders in medicine. They should not represent one type or mold. Rather, we encourage a diversity of background and training and talents, including the disadvantaged and the advantaged, racial minorities, and a range of geographic residence.

Affirmative action came up repeatedly, both in discussions with people who appeared before the committee and in our own deliberations. The question is: assuming that affirmative action is morally right, how long should it persist to compensate for earlier discrimination? Until discrimination disappears? It probably won't happen. Until there is no measurable difference between "minority" and "majority" applicants? That seems to have happened already for women and Orientals (except for Pacific Islanders). The proportion of people in these categories who are applying is probably different from their percentages in the total population, but their credentials are not significantly different from the total applicant pool.

Several people testified that the grade point averages of applicants considered by the minority subcommittee were below the rest of the applicant pool, but not seriously deficient. Majority candidates with averages of 3.8 or 3.9 were so numerous that few people with averages of 3.5 or 3.6 could expect to be in the running. On the other hand, some of the applicants considered by the minority subcommittee were apt to be in the 3.3 to 3.5 range, with MCAT scores that were roughly parallel to their academic records.

In the beginning I had a fantasy that our report would radiate the same degree of style, grace, and social significance that we found in articles circulated to us from Harper's, *the* Atlantic Monthly, *and other journals of opinion. I soon learned that this was unrealistic. We drew up an outline in February. All of us wrote — and rewrote — sections of the three drafts that preceded the final report. We produced a camel.*

Table 3. Comparison of MCAT and National Board Average Scores for Classes of 1974 and 1978

MCAT	1974	1978	Difference* (Standard Deviations)
Verbal	637	617	−2.2
Quantitative	684	659	−2.6
General Information	622	604	−1.8
Science	602	651	+5.5
National Boards			
Part I	575	531	−3.6
Part II	552	515	−3.1

*Difference (1978–1974) is expressed in units of standard deviation of difference in means; e.g. the difference, 617-637 = −20 is equal to −2.2 standard deviation of mean difference.

Table 4. Comparison of MCAT and National Board Average Scores for Classes of 1974 and 1978: Non–Minority vs. Minority

	Non–Minority		Minority	
MCAT	1974	1978	1974	1978
Verbal	659	634	525	527
Quantitative	708	671	560	595
General Information	644	619	510	527
Science	618	665	521	579
National Boards				
Part I	604	543	428	465
Part II	575	529	431	446

that a student who scores below the median on all four tests is at high risk for failure of one of the national boards. For the class of 1974, the most important MCAT scores for predicting national boards results were, in order: the general information test, science, and quantitative methods. However, for the class of 1978, the most important predictor of national board results was by far the science test. The other tests appeared to be of minor significance. The only common feature for both classes was that the verbal MCAT was not important as a predictor for national board scores.

AFFIRMATIVE ACTION

Our committee listened to a number of witnesses and discussed at length the question of affirmative action and minority admissions. The fundamental purpose of such a program is to provide equal opportunity for all. Admission of minority and other disadvantaged individuals should be done, not only to assure fair and appropriate representation, but also to meet the needs of society. Adequate health care for all segments of society demands participation by minority physicians. Diversity is necessary in order to foster sensitivity and understanding among the students of one another and particularly of patients from diverse ethnic backgrounds.

Justice Powell has suggested that when "hard criteria" traditionally employed in selecting and admitting students are culturally biased, there may be a need to make adjustments in order to insure the inclu-

Table 5. Comparison of Proportion Failing for Individuals Scoring Below Median in All MCAT Tests: Class and Minority Status

	1974		1978	
	Non–Minority	Minority	Non–Minority	Minority
All MCATs below median	0/9	11/14	2/9	3/14
Remaining students	0/103	0/8	6/118	0/11

sion of those qualified people of backgrounds otherwise excluded by these criteria. We believe that it is the wish of the administration to continue this policy using definite procedures until there is no perceived difficulty for certain identifiable social, racial or economic groups to gain admission to the Harvard Medical School. At present, our policy is concerned with minority admissions where minorities are defined as Black, mainland Puerto Rican, Mexican–American and Native American. This definition apparently derives from AAMC recommendations. In the future, some change in this definition may be necessary both as affirmative action is successful for the groups already included and if new groups requiring affirmative action are identified.

Implementation of an affirmative action program has three parts: recruitment, admissions, and counseling, with the goal of retention and graduation. The recruitment process was not studied by us in detail; however active recruitment on predominantly black campuses is being done. It is our impression that if we are to continue to receive an adequate number of qualified minority applicants, the Harvard Medical School must maintain a significant financial commitment to minority recruitment. Currently, the admissions procedure utilizes subcommittee IV as described above. This subcommittee has both substantive and political importance. The substantive role has changed since the subcommittees no longer rank their applicants and a significantly greater number of candidates are forwarded to the admissions committee than are selected. In fact, the role of all the subcommittees has decreased under the new procedures. We are persuaded that subcommittee IV has developed a multidimensional knowledge and understanding of its applicant pool and consequently better capability to judge applicants by other than the traditional "hard criteria."

Criteria used for judging majority and minority applicants may be different because of basic differences in language foundations: MCAT scores frequently do not provide the same kind of information for minority applicants. Grade point averages are difficult to evaluate when students come from entirely different institutions. Thus, attention must be given to other evidence of accomplishment. The weighting of criteria may differ, but the qualities and potentials sought are similar. Continued vigilance is necessary to avoid discrimination against non–disadvantaged minority students.

A review of previously described statistical criteria indicates a real change between the classes of 1974 and 1978. Unquestionably, the minority students have become better qualified and fare better on the national boards. Although no data are available, it is our impression that this trend continues in classes currently enrolled in the Medical School. Finally, any action that might be taken has political as well as procedural importance. Subcommittee IV is perceived as a symbol of Harvard's commitment to affirmative action; even if all of its functions could be handled differently, dissolving this subcommittee might have the unfortunate consequence of suggesting that the Harvard Medical School's commitment to affirmative action has decreased.

COMMAND PERFORMANCE

Nationwide, Harvard's praises have been publicly sung in light of concerted efforts to seek out and admit minority students. In the article "Minority Admissions: The Increasingly Empty Promise of Affirmative Action" in a summer issue of *The New Physician*, published by the American Medical Students Association, Harvard ranked eighth in a list of ten medical school "winners," whose minority enrollments exceeded fifteen percent. Harvard and Stanford — which placed fourth — were the only private institutions to make the grade. Fifty-three schools qualified as "losers," each having less than five percent minorities in their total student populations.

A clarion call for improvement came from the AAMC some ten years ago when it set twelve percent as a goal for minority admissions. Up from a figure of one percent in 1969, minority students accounted for sixteen percent of HMS's student body in 1978. At that time, minorities comprised 9.6 percent of the nation's medical students.

The order of schools reads: California-Irvine, 22.4 percent (76/340); New Mexico, 21.0 percent (63/300); Michigan State, 20.6 percent (90/437); Stanford, 19.5 percent (75/385); New Jersey Medical School, 17.8 percent (94/527); Rutgers, 17.2 percent (66/385); California-San Francisco, 16.7 percent (105/630); Harvard, 16.4 percent (109/665); Texas-San Antonio, 15.8 percent (97/614); and Colorado, 15.6 percent (80/514).

I contributed primarily to the section entitled "Special Considerations." One of the students on the committee questioned why anyone should even suggest special consideration for faculty or alumni/ae offspring. During the moment that I was considering delivering a little speech, Dr. Elio Raviola, professor of anatomy, did it for me. He eloquently listed the importance of alumni/ae interest, financial contributions, devotion to the School, and maintenance of tradition. Actually, considering the large number of applicants and the extremely high level of achievement required of those who are accepted, faculty and alumni/ae offspring really do seem to be represented quite fairly.

Our conclusions are not a whitewash, even though we endorsed the present policy in general. We recommended continuing evaluation and adjustment. We were made aware that whatever Harvard does will be widely observed.

During the year that this committee met I also served with my husband as coeditor of the class of 1954's twenty–fifth reunion report. Many of my classmates stated that Harvard should continue to pursue excellence at all cost, and to try to find the very best people available, leaving it to them to solve the social problems of the world.

Medicine has an image problem and yet access to its ranks continues to be very desirable. The kind of people chosen to enter the medical profession has undeniably broad political and social connotations. I wish there could be some way to make admissions decisions more simply, to reduce a cumbersome, time–consuming, expensive process for the medical schools, and an anxiety–ridden, time–consuming, expensive process for the students. We weren't able to do that.

COMMITTEE MEMBERS

Samuel Hellman, M.D., chairman
Daniel Federman '53
Joseph Henry, M.D.
Kurt Isselbacher '50
Susan Leeman, M.D.
Donald Medearis '53
Elio Raviola, M.D.
Emil Unanue, M.D.
Leroy Vandam, M.D.
Gertrude Murray '54
Roger Breibart '81
Hilda Anderson '80

SPECIAL CONSIDERATIONS

A number of witnesses and letters to our committee were concerned with the policy toward faculty and alumni/ae offspring. Current policy insures that all faculty and alumni/ae offspring are interviewed, thus avoiding any oversight during the screening procedure. It is a significant advantage for them as the applicant pool is reduced from approximately 4000 to approximately 1000 during the screening process. Since all faculty and alumni/ae offspring are interviewed and then discussed at the subcommittee meetings, we believe that nothing more need be done. We hope that offspring of faculty and alumni/ae will have sufficient academic credentials to be accepted by the Harvard Medical School. Guaranteeing an interview allows these credentials to be presented to the appropriate committee.

A number of faculty appeared concerned with the weight given to research performance. It was suggested that research performance was not considered by the admission committee. This did not appear to be the case. Research was considered as one evidence of future potential, albeit not the only one. Surely it is counted to the student's advantage to have participated in research, although such activity does not appear to be given disproportionate weight. This whole question needs further discussion when the HST program is considered and evaluated.

RECOMMENDATIONS

The current admission procedure has been in effect for only one year and further experience must be gained before major modifications are made. Our review of a single year's procedures has reassured us of the thoroughness and evenhandedness of the process. In this context, we offer the following recommendations:

I. The present admissions procedure should continue with an attempt to streamline to some extent the processing of applications and to assure equitable interviewing.

II. There is a continuing need for an affirmative action program that should include:

A. an office for minority recruitment;

B. broadly diverse memberships on subcommittee IV; and

C. counseling of minority students within the Harvard Medical School.

III. The admission committee and the subcommittees profit by having experienced members, but since with time they can become insular, wider participation is needed. We recommend that the admission committee continue to be fairly large in size and representative of a variety of backgrounds. There should continue to be student members as well as enough diversity to assure representation of a variety of interest groups, including minority members; however, an attempt to ensure representation of every minority group may distort the committee. Nevertheless, over the long run, assurance should be given that most minority groups have had representation at one time or another.

While experience is of great value for members of the admission committee, this must be balanced by the benefits of diversity. We recommend that appointment to the parent committee be for three years with a single renewable term possible. Thus, members will serve either three or six years.

IV. Frequent reevaluation of the admissions process is necessary if we are to assure a highly qualified and diverse student body.

V. The position of the HST program and its admissions procedures within the Harvard Medical School should be evaluated.

Vanderbilt Hall: Promises Kept

There have been some changes made. Vanderbilt Hall gleams. The woodwork, floors, brass, and walls are all polished and painted. New furnishings have arrived. The dining hall is often filled to capacity for lunch, and several times a month — when the academic societies hold their meetings — it is transformed into a setting fit for a multi-star restaurant replete with china, silver, crystal, linen tablecloths, and candelabra. Is this the Vanderbilt that in recent years had become a white elephant? That had been decried by one dean as "dispiritedly unoccupied?"

The collegiality that had long been associated with Vanderbilt had eroded by the 1960s. The fabric of student life was being woven with many more unmatched threads, and it was not inconceivable that the mannered ambience of the past would be lost. The culprits, perhaps, were the changing social mores and customs that made dormitory existence incompatible with the needs of a more independent-minded student body. For one, many older students having taken a couple of years off in between college and Medical School were often not ready to forego off-campus freedoms for the confinement of dorm life. Nor was there adequate housing for the increasing influx of married students.

Yet the poor esteem in which students held Vanderbilt was not the fault of demographic diversity. The only residential dormitory of the Harvard Medical School was suffering from an intractable malaise — benign neglect. What had been hailed as an architectural landmark in 1927 had, over five decades, severely atrophied; the physical plant was rotting from its core. Upkeep was at best nominal and antiquated electrical and plumbing systems made living conditions nearly intolerable.

Studying student attitudes in the mid-1970s, the Alumni Survey Committee addressed the loss of Vanderbilt as a social nucleus. They attributed much of the student dissatisfaction to marked deterioration inside the dormitory. The cure? Extensive renovations and a full-time manager. The alumni had helped to build Vanderbilt in the first place, and were again called upon in 1975 to support the Alumni for Vanderbilt Hall campaign. Several years later, all the goals have not been met, but progress is measurable.

The photographs and words in the next twenty pages will, we hope, reveal a new quality of life that now permeates Vanderbilt Hall. We dedicate this homage to the Alumni Survey Committee for its role as patron saint.

"This job can be defined as the retention of tremendous amounts of minutiae. I have to make lists every day — somebody is missing S-hooks, another person needs screens and shades, this room has to be painted, kids are having fights about the bathrooms and I have to mediate. Those are the kinds of things that could drive you crazy." But Deborah Atwood seems to have held on to her sanity as manager of a three hundred person dormitory and supervisor of a heady renovation agenda in the last year and a half.

Hired mainly to reclaim Vanderbilt for the fledgling academic societies as well as to rehabilitate it and to keep all parts functioning properly, Atwood had a unique before-and-after perspective: steeped in its nostalgia by her father, Norman Zamcheck '43A, who lived there for four years, she was also sensitized to its shortcomings by firsthand accounts of friends of her husband Kim '79. Besides those HMS ties, which separated her from other candidates for the job, Atwood had been indoctrinated into the ways of building management as the residential manager of a new and relatively problem-free seventy-five unit apartment complex at Hampshire College in Amherst, Massachusetts from 1973-75, while her husband finished school.

Before she came on the scene in August 1978, the dorm had been a catch as catch could proposition for June McFee, whose primary job as financial aid officer brought her into daily contact with the students. McFee also shouldered the responsibility of room assignments, which brought her to the heart of Vanderbilt's troubles, and evolved into a de facto manager, doing what she could in two afternoons a week to improve a dismal situation. "She wasn't given the autonomy or authority to do much," said Atwood of her predecessor. Yet McFee did help pave the way for Atwood by dint of one hard-won victory: convincing the Ebert administration to modernize an electrical system frighteningly inadequate for the array of gadgets and appliances found in nearly every room. Her case was amply pleaded a couple of years ago when some five hundred fuses blew within a two week period; with the funds contributed by the alumni, the building was totally rewired.

Atwood has a high regard for what McFee was able to accomplish with limited resources and administrative support. "In hiring a manager, Federman knew that that person would make decisions. She never had that. June had an incredible basic goodness. She really tried her best and did a damn good job given the circumstances."

While Atwood herself was not naive

Deborah Atwood (right) and her assistant, Kumiki Gibson, live with Vanderbilt through the good times and the bad. Vanderbilt does close to a $45,000 business in transients (at seven dollars a night) and Gibson makes sure that the steady stream — made up mostly of medical students from other schools who cross-register at HMS for one to three months — have rooms. According to Atwood, the place is almost always one hundred percent occupied. "That takes a lot of coordination. It's like running a hotel."

neither was she fully prepared for the magnitude of the task at hand. "The students moved in a week after I did and it couldn't have been a more chaotic situation. Everything was wrong — from broken door locks to missing furniture. I was new and couldn't exactly say, fine, I'll take care of it. I spent four days lugging furniture around with whoever I could find. Being over here as opposed to Building A, I had to figure out the mechanisms of the School myself. But that had its advantages. I am really my own operation here."

Keeping Vanderbilt in good working order is not a trivial feat and requires the cooperation of the custodians to get all manner of things done. Understandably, these men did not welcome Atwood to the position of manager. Not only were they miffed at having to answer to a woman, but — adding salt to the wound — a woman half their age. She admits that "for a while it was really rough," but she let her actions speak loudest. "I have established a pretty good rapport with them and I think they respect me — especially now that they see that I wasn't just full of hot air. The building looks good and what I set out to do I've done. I think some of them are mildly surprised."

She was given carte blanche to spruce up Vanderbilt's rundown interiors. The cost was about $100,000 — more than anticipated but, as she noted, "not bad" for painting the dorm top to bottom and thoroughly refurbishing various common spaces. "I have a degree of self-confidence in my own taste and knew that the decorating should be

a clean sweep

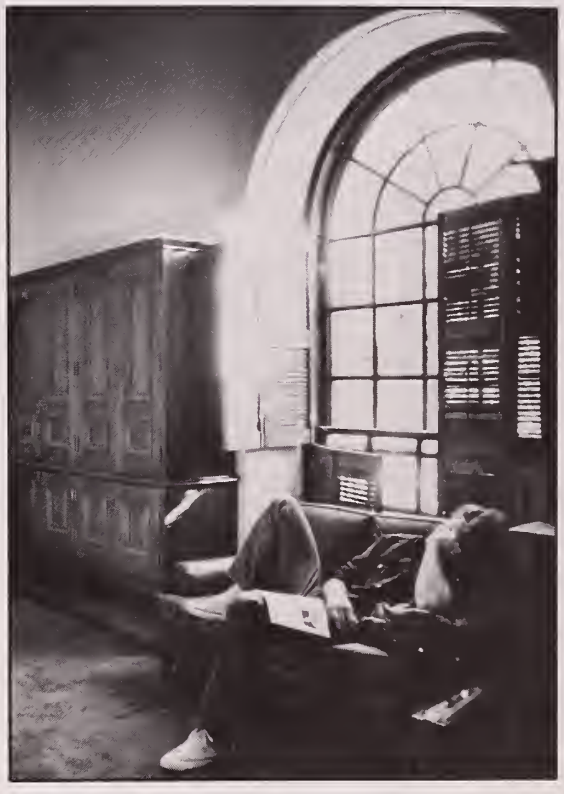
Everything in the building was kind of dirty and greasy. It's clean now. All the common rooms' floors were stripped, sanded, polyurethaned. And all the woodwork and fixtures were repaired and polished. I put grass cloth up in the Common Room, which was more expensive than just painting, but it is an elegant room and it deserves to look good. Painting was the largest expense — around $50,000 — but it's been the single most overt change in the entire appearance of the building. It took over a year, but now the common areas, kitchen, stairwells, hallways, bathrooms, gym and locker rooms and almost all the rooms are painted.

For Jack Ringler '83, in the privacy of the deserted Vanderbilt Common Room, practice makes music. About ten years ago Francis Moore '39 and the Aesculapian Club decided that the dorm needed a good piano. They raised the money to buy this eight-foot Steinway grand. Kept locked when not in use, the piano is in use most of the time, enough so that last year it had to be taken out and completely reconditioned. An upright, in the basement, is in terrible shape and terrific demand. It should be replaced — but, as Dr. Moore observed, "a good piano used to cost about $3,500; now you have to have $15,000 just to start looking."

tasteful and conservative and not, say, purple gaudy gauche," she laughs. And in the revered tradition of bargain hunters, Atwood made sure that Harvard's money went for the best quality at the best price. Her choices have been enthusiastically received by the administration.

Putting a new shine to Vanderbilt has not been her sole occupation however. In addition to a capable manager, Federman also wanted someone who would be empathetic to the emotional upheavals that affect mostly first and second year students. "They fixate on things ranging from coed bathrooms to mice in their rooms. Sometimes they blow these relatively small annoyances out of proportion in compensation for all the less easy to cope with academic and personal problems that scare them and are much more important." As the authority figure in residence she has dared to repri-

The shuttle bus runs continuously between the Medical Area and Harvard Square, with stops in between. You can get there from here in about twenty minutes.



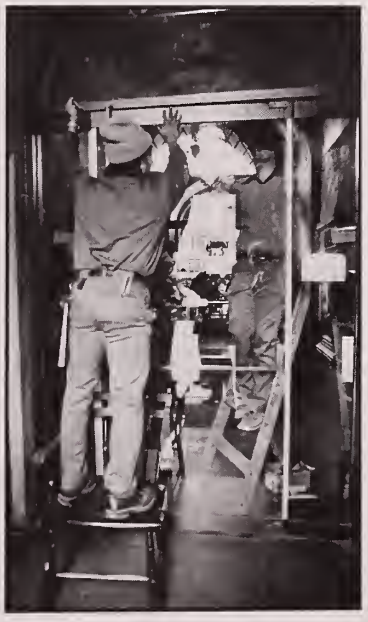
There had been purple curtains in the library with a red rug and green stuffed furniture, bright green. It was decrepit and tacky. The furniture I bought is not the most beautiful, but it's durable and librarish.

mand students who have behaved rudely — an offense she considers virtually unpardonable — towards people who maintain and provide services in the dorm. "By and large the students have enough maturity and insight to know that they have been wrong. And it's very gratifying that they don't say who the hell are you to tell me how to act — especially since I'm not much older than they are — and storm out of here. That's the reason I'm so fond of them as a group. Even though we've had some knock down, drag out fights we've been able to work out our differences."

To help ease the pressurized atmosphere, Atwood has instituted study breaks (with snacks) during exam periods. Life in the dorm is not restrictive — the students are bound by nearly the same conditions that an apartment lease would impose — except that cooking in the rooms is discouraged. The new electrical system notwithstanding, Atwood still harbors a fear of fire and would like to see a ban enforced on cooking, although she knows the odds are against it. But for that reason one of the first safety measures she took was to have the entire alarm system overhauled. Going one step further — she feels an "awesome responsibility for three hundred people's lives" — smoke detectors are scheduled to be installed in every room. The building however, does not have a sprinkler system.

After the dorm is reasonably protected from fire, other areas will need attention. Harvard has been delinquent in providing accessibility for the handicapped. Only when a paraplegic student was admitted this fall was the front entrance changed to a ramp, and that student still must use the service entrance to the kitchen in order to eat in the dining hall. Harvard was not obliged to do more since this student does not live in the dorm. But once a handicapped person chooses to live in Vanderbilt, the University will be forced to make substantial alterations.

The major threat to Vanderbilt's newfound image, however, is the plumbing, which over fifty years has been patched repeatedly to the point of no return. New plumbing means a capital investment of several hundred thousand dollars, but the alternative is continually shutting off the entire building's water supply whenever a single toilet breaks. "They are literally putting bandaids over leaks," according to Atwood who shudders at the thought of the Deanery, for instance, being waterlogged again. If the plumbing is the last major renovation needed, there are finishing touches that would be "nice," such as replacing worn carpeting and covering bare fixtures in the corridors. The hard facts of life are that the golden days are over, but Deborah Atwood is not complaining. When she first took Vanderbilt on "the only place to go was up;" now it is once again becoming the hub of HMS.



Andy Parker is one of three guards on regular rotation at the Vanderbilt front desk. He has been a member of the University police department since 1977.

The very first thing I did was to replace the guards from First Security. They were like a revolving door. I hired Harvard police department guards who do a much better job and the kids trust them. The work is much more than 'guarding,' even though we do have 24-hour security. They answer the telephone, leave messages for people, sign for deliveries, and take care of a lot of details that can't be handled carelessly. The office itself was dirty and had only a small window, so the guard could never see who was walking by. I had the office cleaned up, cabinets built, and the opening made much larger, and now the guard can see what's going on.

"The dedication of Vanderbilt Hall marks a distinct forward step in medical education . . . The building itself will well repay inspection."

—October 1927

the building of Vanderbilt

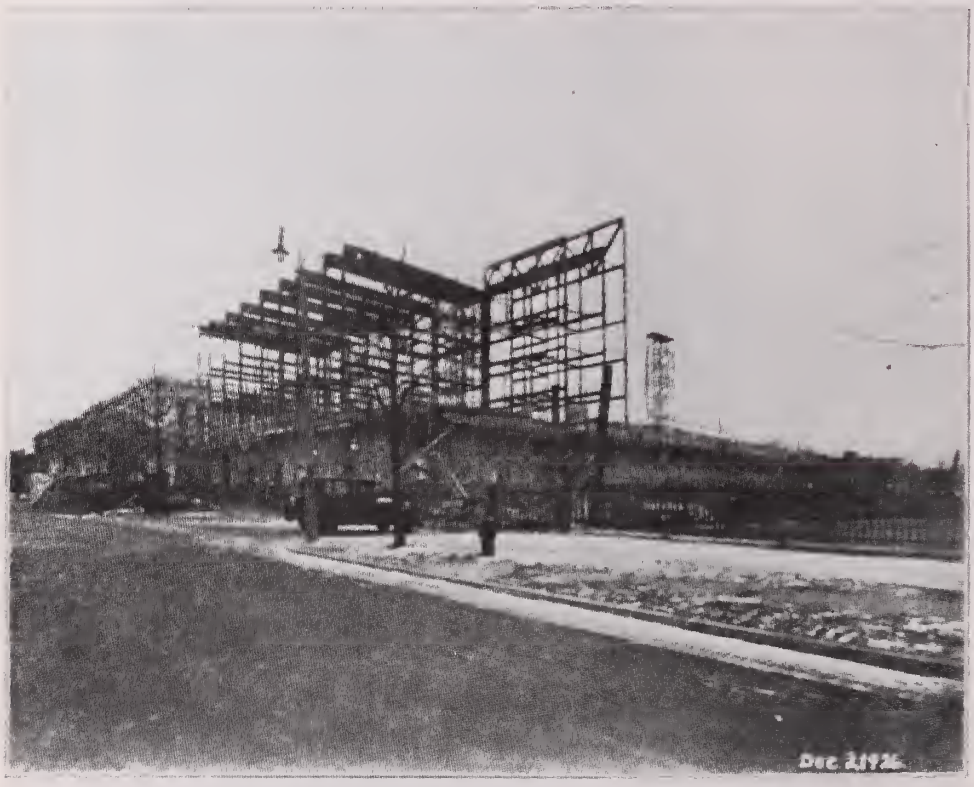
The Harvard Medical School was moved into its new buildings in September 1906. The need of a dormitory in connection with this new development was felt from the very first.

It was Dr. J. Collins Warren '63, who with Dr. Henry Pickering Bowditch, had been so successful in securing the Medical School itself, who particularly appreciated that the students now had a good place to work but no place to eat, sleep or exercise. Through the efforts of Dr. Warren early in 1908 funds were secured, sufficient to lay out a plan for a "Harvard Medical School Union" to be placed opposite the school on Longwood Avenue (on the site of the present dormitory) and to include tennis courts and a dormitory. In March 1908, this plan illustrated by sketches made by the architects Messrs. Shepley, Rutan and Coolidge, was published in the Harvard Bulletin.

In 1912 a committee of students called together by Dr. Warren again expressed the need of a dormitory. In letters to Dr. Warren their desires were well substantiated by Dr. Harold C. Ernst, the Chairman of the Students Health Committee and member of the Students Association and by Dr. Henry A. Christian, Dean of the Medical School. Soon after came the war. Further development of the enterprise was interrupted during the period of war which followed.

Dr. Elliott P. Joslin was elected President of the Harvard Medical Alumni Association on June 20, 1922. Immediately, renewed interest and inspiration was manifested in the development of the dormitory idea. Within a week plans for a medical school dormitory were being seriously considered by the members of the Medical Alumni Council. Obviously a dormitory for the students was essential, and Dr. Joslin maintained that a campaign for funds, if inaugurated, would be ultimately successful.

But during that summer another project was on foot at Harvard. The campaign to raise ten million dollars to provide for a school of business administration, a much



Dormitory from Louis Pasteur Avenue

"The dormitory project outgrew the plans, the hopes and even the imagination of those who conceived it. From mere sleeping quarters for medical students it gradually acquired a dining room and living room, then a room for students' societies, a reading room and finally, thanks to Mr. Vanderbilt, a gymnasium. The dining room and gymnasium will become available as the largest distinctively medical assembly halls in the United States."

—March 1927
inaugural issue of the
Alumni Bulletin

needed chemical laboratory and a new museum of fine arts was to be opened in the fall. This campaign had been contemplated before our dormitory plan took shape. Therefore when President Lowell informed the Medical Dormitory Committee that requests for contributions for the dormitory could be made to no one except graduates of the Medical School, we were quite naturally disappointed. As President Lowell explained, men of means take infinite pleasure in doing good with their money. To ask a man to help in a relatively small campaign and thus spoil his opportunity of giving a larger sum for what might seem to him a more interesting and worthy object would be unfortunate, and incidentally Harvard University as a whole would receive a small gift in the place of a much larger one. That this policy of holding off the dormitory campaign was quite correct has been clearly shown by later developments.

Meantime, however, Dr. Joslin and his committee were not inactive. To Dr. James H. Means belongs the credit of securing the interest of Mr. Phillips Ketchum. Throughout our campaign, Mr. Ketchum has been of inestimable service. His legal training, his business experience and his natural common sense, have helped us not only with such business problems as to plan our collection system, to purchase the land, to arrange for tax remissions, to write and arrange our circular letters of appeal, but he has been at all times a constant source of inspiration and of general comfort to the Committee. In the spring of 1923, the need of a dormitory was confirmed by the enthusiastic answers to a questionnaire submitted to the medical undergraduates, fifty per cent of whom declared their readiness to move into the building when it was ready.

It was decided by the Committee and by President Lowell that in case our building should be subscribed for, that Messrs. Coolidge, Shepley, Bulfinch and Abbott would be the architects. In view of this it was easy to secure a perspective drawing of the proposed dormitory which might later be used for advertising purposes.

Meantime plans for our own campaign were greatly simplified by many exceedingly helpful conferences with Dean Donham and his cordial staff at the Business School.

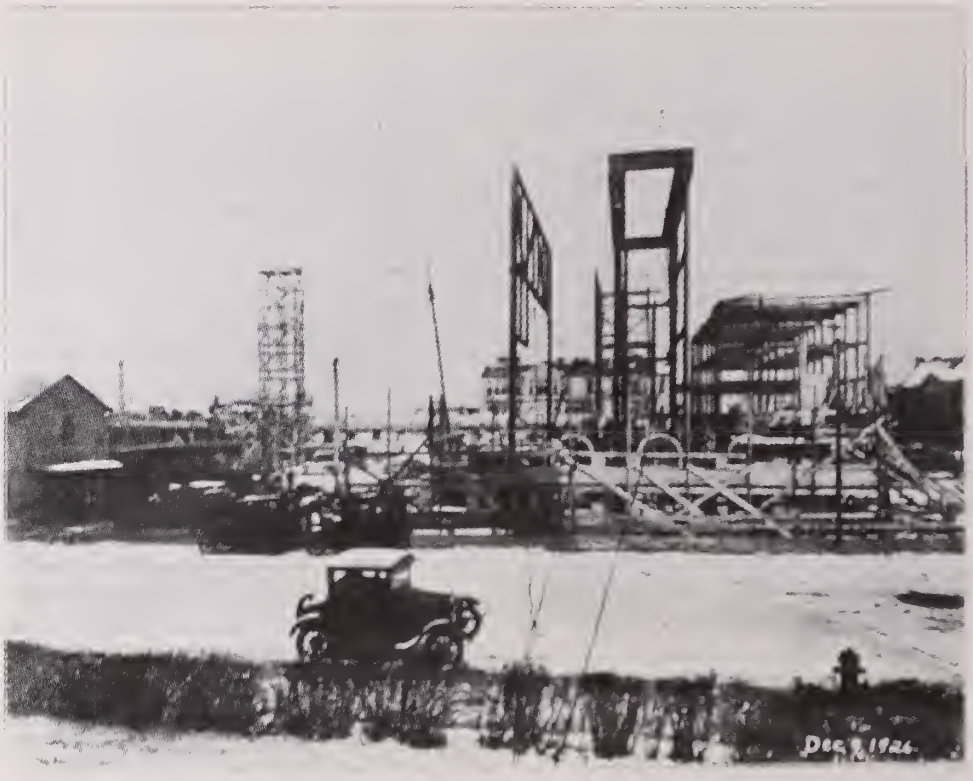
By September 1923, the names of Harvard Medical School graduates throughout the world had been divided into groups. In each group the name of one man to act as a District Chairman had been selected. To these men was explained the need of demonstrating universal approval and support of the dormitory idea among the graduates, by securing from each one some gift regardless of its size. It was felt, and quite correctly, that the fact of a large number of contributions from doctors would be very important in showing that the doctors as a whole had done their part in securing the dormitory.

This plan succeeded because, when Mr. Baker's wonderful gift to the Business School was announced on June 2, 1924, our figures showed that 1322 doctors had subscribed a total of $89,346.85. And now the "lid was off" and our real campaign for gifts from lay friends could begin.

Dr. Elliott C. Cutler presented the tentative drawing to Mr. Harold S. Vanderbilt (Harvard '07) who was quick to see the need for teaching future doctors the value of exercise as at least one factor in health preservation, and so in March 1925, to our great joy, Mr. Vanderbilt generously provided that a gymnasium should be included in the dormitory and gave $125,000 to this purpose. By May 1925 the total contributions including Mr. Vanderbilt's gift had reached the figure of $443,501.10 and meantime the University had agreed to invest in the dormitory the sum of $300,000, this being the largest amount on which the net dormitory income would pay an adequate return.

But how to secure the remainder necessary was an immediate and perplexing problem. We worried for only a short time because in July 1925, Mr. Vanderbilt's letter inquiring for the status of the Dormitory Fund and asking for the balance necessary to complete the entire project showed us that he was still interested. The remainder of his gift, totalling $700,000 was made in August 1925 and our campaign was ended. The name of "Vanderbilt Hall" applied to the

"Today it is only bricks and mortar, next September it becomes an institution dedicated to the health and comfort of the medical student."
—March 1927



New Dormitory from the Medical School

building as a whole seems most appropriate.

During this past year, the study, revision, redrafting and elaboration of the plans has been a slow but successful task. Mr. Henry R. Shepley, the architect in charge, has been always considerate of all suggestions which the committee has made. The final drawings have been demonstrated to the committee by him and have met with entire approval.

Our dormitory will be comfortable and liveable without being luxurious. It will house 252 students. The typical rooms are 17 ft. long by 10 ft. wide; they can be used in pairs by two men, with two beds in one and two desks in the other, or they can be used singly with a bed and desk in each. There are a few suites. The accompanying plan shows the ground floor. The entrance from Pasteur Avenue opens to a lobby with office, mail boxes, toilets, reception room and small library. To the left is the living room 56 ft. by 34 ft. To the right at the end of the corridor, the entrance to the dining hall is down a few steps and through a center door into a commanding balcony. Henry Pickering Bowditch Hall is 92 ft. long by 36 ft. wide. It will be a handsome room and worthy of the name it bears. Beyond it and over the kitchen is a small dining room which can be used for meetings or private dinners.

At the other end of the building is the Vanderbilt Gymnasium, large enough for Varsity Basketball. Over it will be five squash courts.

The actual construction began on August 15, 1926, and the architect has given every assurance that the entire building will be ready for occupancy in September 1927. Already construction has reached the second floor and progress is most satisfactory. The hope is that a considerable part of the structure will be walled in and covered over before the new year so that the work will not be delayed by weather conditions.

Joseph Garland '17
secretary
March 1927

social developments

"Lounges will be placed about one of the fireplaces, where before and after all meals men may congregate to promote sociability and to exchange ideas."

—March 1927

The Deanery was an abomination. The students used to have their wildest bashes in there. A pipe had burst a while back and caused a flood. All the woodwork was splotched and the floor was buckling badly. A portion of the wall had caved in too, which was rebuilt. The floors were stripped, the room painted, and the woodwork refinished. Attached to the Deanery is a full kitchen that the students make good use of. The room can now be used for formal occasions.

Originally intended as living quarters for Dean Edsall, the Deanery, paradoxically, was never home to him or any other dean. Only a year after the dorm opened, thirty-five people had to be turned away, which prompted discussion of where to put the planned-for addition. With a second gift from Vanderbilt, the wing that contains the Deanery — and about sixty rooms — was built in 1930 to accommodate a growing waiting list. When Edsall decided not to take up residence in the "master's house," as it was then known, space was garnered for another seventeen students. In 1932, when 345 people applied to live in the dorm, there was room for all but eight. The physical separation of the Deanery ultimately proved to be a blessing in disguise for it let women partake of the rights and privileges of Vanderbilt life. In 1958, thirteen years after women were admitted to HMS, six were allowed to move into the Deanery. Through the years, the number increased slowly to twenty. In 1972, greater coeducation led to cohabitation and women and men began to live side by side in all parts of the dormitory.

Operated by the Harvard food service, the dining hall was in serious difficulty by 1967, when $27,000 was lost on 179,869 meals; by 1976, the University had overspent its food budget by $122,000 for 71,907 meals. As the deficit showed no sign of abating, the Medical School took matters into its own hands and peremptorily closed down the cafeteria in the spring of 1976.

Even in its salad days the Vanderbilt dining hall had a hard time breaking even — on salads and everything else. The first year of operation ran up a deficit of $4,600; the second, $5,500. Served up a number of equally unpalatable choices, the students ultimately voted to establish a Vanderbilt Club. Annual dues of ten dollars per member would beef up the fiscal stockpot; permission to partake of corporeal, intellectual, or spiritual nourishment within the four plush walls of Bowditch Hall would be granted only to those who forked over the greens. But this remedial recipe was not to everyone's taste, as indicated by the sampler that follows.

Dean David Edsall: "It has been asked whether the establishment of a Club, and the very name 'Club,' does not carry with it the idea that some persons are excluded. That is wholly untrue in this case. All students, all the teaching force, and all alumni are eligible. The only element in it that could exclude anyone would be the $10 fee, which some poor students would feel unable to meet. It is to be said, however, that any reasonable increase in the price of the meals that would be at all likely to meet the deficit would cost the poor students not $10, but from $30 to $60 a year more than before. The $10 fee from everyone who used the dining hall distributed the costs over a larger number."

A student in favor: "Is the fact that a modest membership fee is now required of the frequenters of the dormitory going to keep away alumni and friends of the Medical School who might otherwise eat there? We, as students, should regret this exceedingly. An alumnus or friend may wish to keep in touch with the medical student; even more does the student desire the contact with his older brother in the profession. At best we get all too little contact with the outside world and it would be a great loss to us if opportunities for such contact were to become fewer. But we look upon the club plan as a method of increasing, rather than decreasing, such contacts with alumni, for we harbor the malicious hope that those whom it hurts to pay the fee will, perhaps, be persuaded with the $10 as incentive to eat more meals in the dining hall and thus get the full benefit of the ill-invested sum."

A student in opposition: "The non-member, usually a poor student with no other opportunities for sport and social life, is left to himself, while his more fortunate fellows belong to the 'club' and enjoy chatting with professors and schoolmates and keep physically fit in the gym and squash courts for strenuous mental work. Was this the intention of the friends and alumni who made the facilities for the 'club' possible?"

Joseph Garland '17: "In so far as they are acquainted with the facts, and even with a knowledge of the needs which gave rise to the situation, many of the alumni have found themselves unable to give approval to the Club idea. It is true that the alumni have no official status so far as shaping the policies of the School are concerned; it is true that the majority of them are personally unaffected by the dormitory-club situation; it is nevertheless equally true that the idea and the fact of the Dormitory emanated from their official organization and was consummated through its efforts. In their conception of the idea neither club nor dues had any place. In their conception of the idea, a universal service to all our medical students, whether rich or poor, was uppermost."

The dining hall reopened in 1977, but in the ensuing two years none of the several outside proprietors was able to make it a going concern. Meanwhile, Soupçon, a restaurant in downtown Boston that specializes in — what else? — soups, was satisfying the hungry hordes at the Kennedy School of Government. Knowing that food would be a major ingredient in making Vanderbilt appetizing again, Deborah Atwood and Carola Eisenberg talked with several Cambridge and Boston restaurateurs who seemed interested in a combination food service/catering operation at the Medical School. All were impressed with the size of the kitchen (some 20,000 square feet) and a generous store of restaurant quality equipment. Almost all, however, were daunted by the scope of the undertaking. Soupçon, having proven itself at the Kennedy School, seemed destined to succeed a second time and opened for business this fall.

Carola Eisenberg, Dean for Student Affairs, makes it a point to frequent Vanderbilt and fraternize with the students. Two of her luncheon companions this day were (left) Mike Dempsey and Alfred Sandrock, both first year students.

Under Soupçon's management the club dining room has been refurbished and used for a number of Medical Area receptions and buffets in the past six months. Soupçon recently opened the room to the public for those desiring a taste of class at lunch.

someone's in the kitchen

People living in dormitories always get upset about the food. It is a prime concern and an obvious target for complaints. If you're miserable or constantly studying, food is something that will give immediate gratification. By providing good food in an environment that is reasonably attractive we have alleviated much of the griping. The second year students are flabbergasted by how much has changed since last spring, when most of them moved out.

Meal tickets can be purchased in a package — sixty for $96 — that will buy $120 worth of breakfasts, lunches, and dinners. Students can economize further by taking a faculty member to lunch — the student affairs office underwrites these noontime encounters.

Harvard has hired Soupçon on a management fee basis, which means that the sole objective is to break even — more easily said than done since the food service business is notorious for losing money. According to the contract, Harvard absorbs all losses and — should the impossible dream become real — receives any profits. Soupçon hopes to bail out the cafeteria by catering the social functions of groups in the Medical Area. Included on that roster have been the academic societies' dinners, a Christmas dance for Beth Israel staff, and assorted luncheon and dinner meetings. Manager Ken Ramsey is optimistic that Soupçon will show a balanced profit and loss sheet sometime this spring. "We're just getting over our start-up expenses, which were high because we had to repair some of the equipment, purchase more, and make labor adjustments. We have computerized registers so that we know what is selling and how much at what times. We would like to drop the price of dinner," he sighs, acknowledging the restricted budgets of medical students, "and we're making headway, but we need more outside business to support the cafeteria."

The staff of twenty has been hard at work pleasing the palates of students, faculty, and staff from the Quadrangle and nearby hospitals with an array of hot entrees, grilled specialties, deli sandwiches, salads, beer, wine, and a variety of desserts and snacks. The meals are not dirt cheap — a plate of roast leg of lamb served with rosemary potatoes and green beans almondine goes for $2.75 — but the quality is assured and the portions are generally, although not unanimously, considered filling.

A Vanderbilt Expatriate:

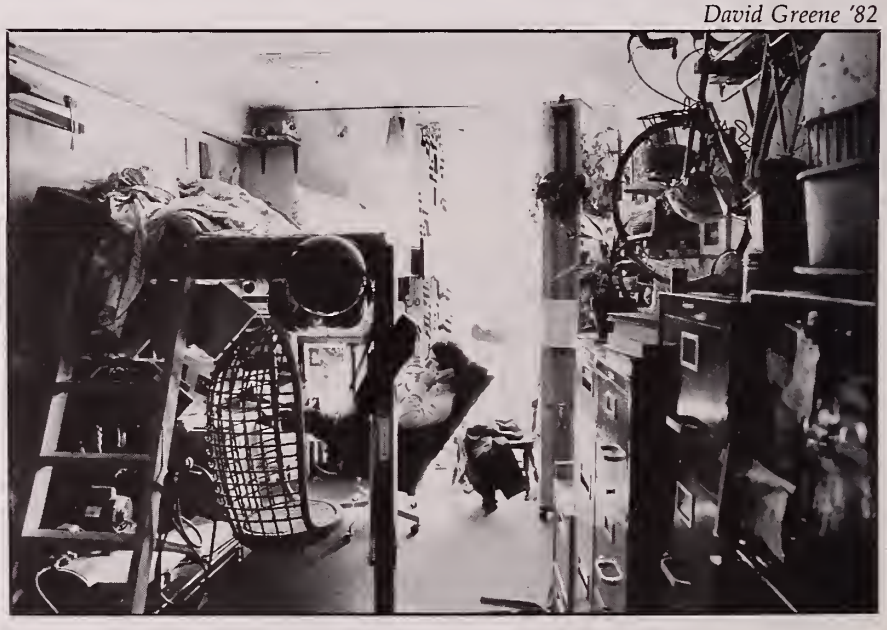
"The biggest advantages are convenience and instant camaraderie. The disadvantages are: the neighborhood, the lack of cooking facilities, and dormitory life in general. I shared a suite the first year — two bedrooms, a living room with a fireplace, and a bathroom — for $300 a month. For that amount of money two people would have a shot at a very nice apartment. Depends on where you live. An important consideration for me was that I didn't want to be surrounded by medical students twenty-four hours a day. Even though I didn't plan it this way, I'm still in a dorm situation as a pre-med resident tutor at Winthrop House. But I'm surrounded by people with totally different interests. Besides which, I'm living in Harvard Square, where I wanted to be. I have to write recommendations and am supposed to invite HMS faculty to dinner, but my room and board are paid for. I also wake up to a beautiful view of the Charles. No matter how much money goes into Vanderbilt, it's not going to make the neighborhood desirable."

Emery Brown '83

A Vanderbilt Resident:

"There are only a handful of people like me who stay here four years — and I'm even in the same room. The first couple of years the room rent used to go up all the time, but you wondered where the money went. It didn't seem like it was going to improve our living conditions. There are rumors about the horrendous costs of keeping up this place. I'm sure that students could paint the rooms, for example, for a fraction of what the painters probably charge. Bringing Deborah Atwood here was an important decision, one that needed to be made. The changes that have been made are very obvious to most people who have lived here for a while. It's been a welcome change. You can run the danger of totally isolating yourself. You shut your door and live your own life. Medical School tends to do that to you. Most people object to the anxiety that percolates in this place, especially around exam time when it's like living in a jail. A couple of things could help. One, convert some of the singles to doubles. Two, each floor could have a common room, with a TV and maybe even a kitchen, where people could drop in in the evening. This year I've seen an incredible increase in the number of people who eat downstairs. I cook in my room because I like to watch the news while I'm eating."

David Greene '82



the comforts of home

"Our building must be a home in which to live and the students must be attracted by its simple comforts."

—March 1927

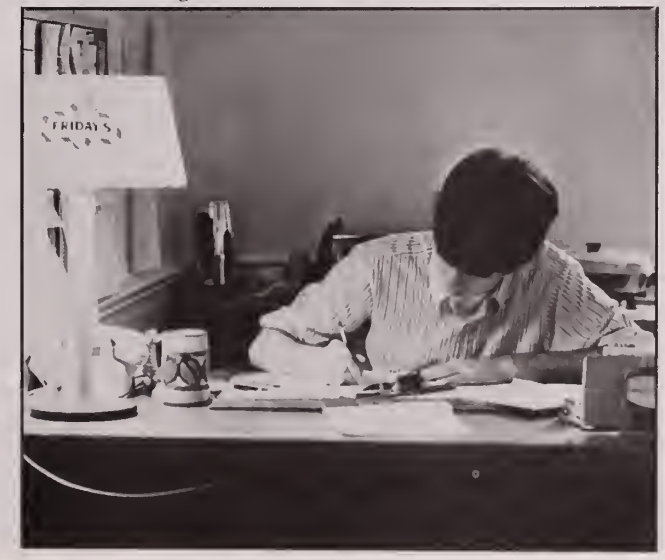
Peter Rintels '83

Ed Feldman '83 and Wendy Drayer

The first renovation was to carpet the second floor. Then I started painting rooms — as many as I could get away with. There had been a so-called policy of painting the rooms any color of the rainbow, which wasn't greatly appreciated by kids who didn't like turquoise or pink walls. Most people will accept the fact that at least if a room's white, it looks good.

Susan Taylor '83

Warren Manning '83

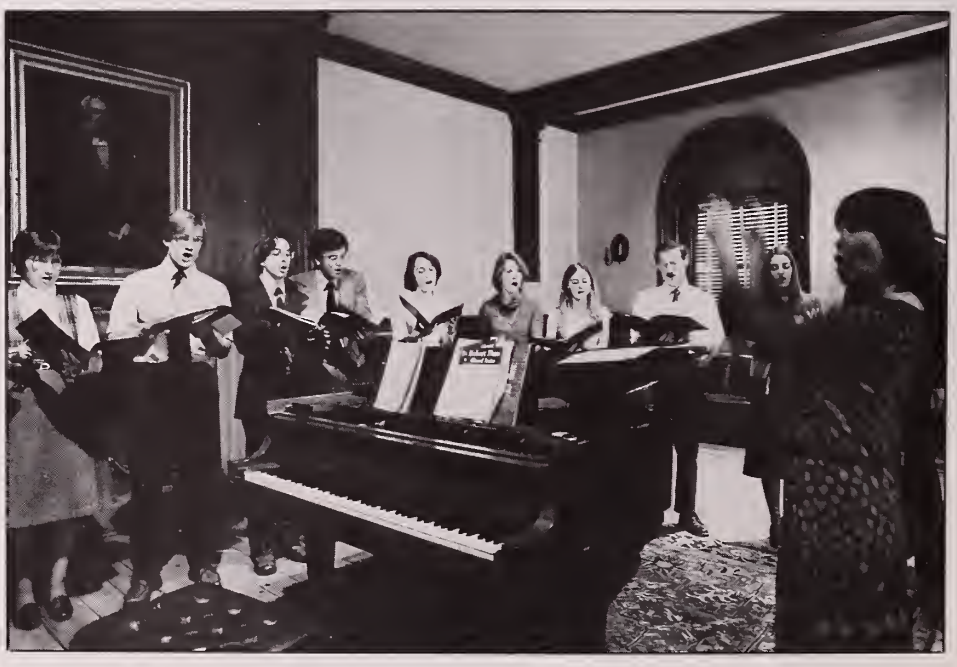


Vanderbilt guarantees a room to all first year medical and dental students. Unlike the system at Harvard College where all rooms, regardless of size or location, bear the same price tag, Vanderbilt rates depend on how prime a spot a room occupies. This policy has been in effect since Vanderbilt's earliest days. All rents are based on ten months and range from $956 for a single sixth floor walk-up next to the bathroom to $3000 for luxurious digs in a secluded corner on the third floor in the main part of the building; the average rate is $1500 and all rooms are democratically appointed with a desk, Harvard chair, single bed, bureau, and bookcase.

music of the medical spheres

Medical musicians and musical M.D.'s. Both arts demand similar degrees of devotion; the prescription for the man trying to get to Carnegie Hall would serve an aspiring physician as well. "I knew there was much musical talent in the medical school," Francis Moore '39 recalls. So much that five years ago he founded the Harvard Medical School Musical Society. With the help of people like Sharon Crowell, who has been secretary from the beginning — and students, hospital residents, faculty and staff members and their spouses — the society stages two concerts each academic year.

Talent? Ask the rapt hundred and fifty fans at the winter show who saw Richard Kogan '81 (left) prance, wheel, and glide through the mazes of Chopin's Sonata for Piano #2. And while his performance may have struck the highest note, it was but one of many consistently intelligent and fluent interpretations of musical statements ranging from Ravel's *Jeux d'Eaux* to "Why do they shut me out of heaven?" — an Emily Dickinson poem sung to an intriguing Aaron Copland "melody." Lured out of their folding metal chairs for the finale, the audience became performers, blending voices in Handel's Hallelujah Chorus.



Fum, fum, fum: Joy Douglas conducts the No Name Singers (including her husband Chet, HSDM associate professor of dental ecology) at the Musical Society winter concert

the academic hearth

At a recent meeting of the Cannon Society, members listened to Susan Leeman (seated on the couch, far right), associate professor of physiology, expound on the wry ironies of life in the academic/domestic lane.

A faculty member on the periphery — who lives the life of a specialist at one of the hospitals — can easily become rather isolated from the students and their doings. My own life in the microenvironment of the Vincent Unit (gynecology service) at the MGH is a perfect example. But after some forty years away from the ebb and flow of student tides, I suddenly and unexpectedly found myself in the swim again when I was almost simultaneously accorded two privileges: being chosen a tutor in medical sciences and a member of the Cannon Society.

My first privilege consists of meeting with four first year medical students once a week for an unstructured, ungraded, uncompetitive session intended to show that at the end of the tunnel of biomedical study there is a challenging world of problems to which that study is relevant. For me this means introducing the MGH as a center of caring activities of all kinds, all of them accessible to the interested student. As a result, we sometimes discuss research puzzles (usually mine) or sit and philosophize. But more often we venture forth. We see my patients or, by arrangement, those of other doctors. Our meetings occur Mondays at 5:30 pm when the OR is just beginning to shift from the long-and-late cases to fresh emergencies, and sometimes we go there. The emergency ward too is full of end-of-day crises. It is a time when many staff members review cases with the radiologist prior to rounds, and we can learn a lot by listening in. We've had some special sessions: an introduction to computerized search of the medical literature and cardiac imaging by nuclear methods. In all of this the old truism is once again confirmed: the students teach me more than I teach them. There is nothing like the confrontation between a fresh intelligence and an old problem, and what intelligence could be fresher than that of an HMS I? At the end of our tutorial we usually eat together in the hospital cafeteria where we often come upon a distinguished clinician or two to join us.

My second privilege takes me once a month into the elegant environs of Vanderbilt Hall for wine and cheese, an informal talk, and a gourmet dinner under the chandeliers. I meet students from all four years and find myself mediating in dialogues between first and fourth year students, bringing my own perspective to bear. I'm impressed that although very little wine-drinking occurs (non-alcoholic drinks are also offered) there is great conviviality and true relaxation. Clearly, these dinner meetings are a much needed oasis in a student's largely solitary journey towards a medical identity. Then too, the tutorials and the dinner conversations share a common element: they give me the opportunity to get off my own treadmill and to drink again from the Pierian Spring. — G. S. RICHARDSON

tooling around

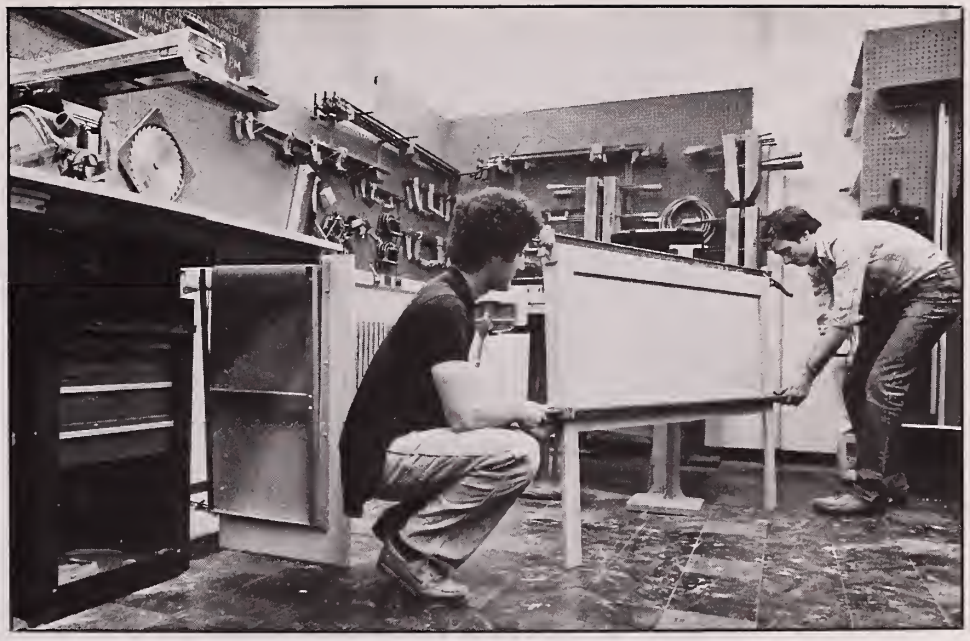
Eyes on the camera, instead of on his work, Leo Troy '82 demonstrates how not to use the table saw.

A year ago, when David Greene, HSDM '82, and Deborah Atwood first talked about having a woodworking shop in Vanderbilt Hall, the idea seemed a little outrageous. Nice, certainly, in theory; a place where tense medical and dental students could unwind, build furniture for their rooms, even do minor repair jobs for the dorm. Fix the dining room tables that are always breaking, or glue Harvard chairs back together. A nice idea, but ambitious, expensive, possibly dangerous. "We kicked the idea around," Greene said, "but almost in jest." Still, he was serious enough to circulate a feeler through the Medical Area last spring. One hundred ninety students, faculty and staff members professed an interest, and that was more than enough to keep him going.

Before coming to dental school Greene had worked as an engineer, and one of his projects had been to set up a workshop for his company; thus, he had a fair notion of the space he would need. In the basement of Vanderbilt he discovered a potentially spacious room crowded with sets and props leftover from the second year show. Even in disarray it was obviously just what he'd been looking for. "It was a beautiful room. Great lighting, and already set up with hundred amp electric services. It even had water." The sets could be consolidated and moved to someplace smaller. His only real problem was finding the money — and the equipment, and the time — to turn an ideal room into a functional workshop.

Greene spent the rest of the summer writing proposals. "I talked to Dr. Federman, who thought it was a great idea, although I think what he had in mind was a little room with a couple of hammers, some screwdrivers, a workbench, a vice." Greene had bigger plans. He spoke with Dr. Carl Walter about finding alumni funding for the project. Dr. Walter was similarly enthusiastic, and so Greene moved right ahead. He went bargain hunting, and purchased all of the tools and machinery for the shop on sale or at wholesale prices. A lathe was acquired from a member of the physiology department. However, it now appears that Greene's act of faith (in credit plans, and

The heavyweight inventory:
table saw
radial saw
belt/disk sander
band saw
drill press
jointer/planer
grinder
lathe



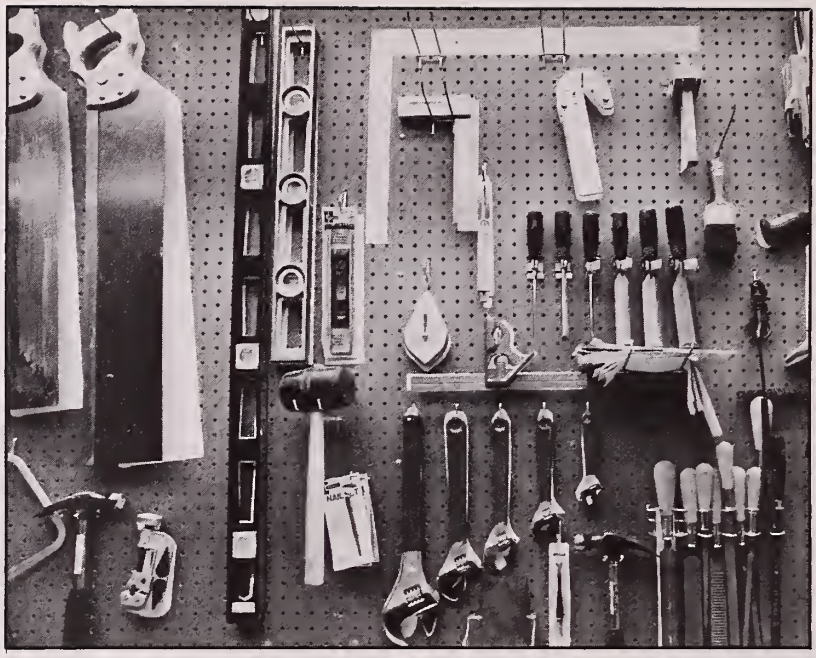
Greene and Troy are finishing up one of the fruits of Greene's labors — a headboard that he made as a wedding present.

anticipated financial support from HMS graduates — most of them former Vanderbilt residents) may have been somewhat precipitous. Much of the equipment has not been paid for, and he is being pressed to ship back at least part of his nearly $10,000 inventory.

Nevertheless, at the beginning of the school year Greene sought out people willing to pay ten dollars to become members of the Vanderbilt Hall Hobby Club and contribute a couple of hours to help set up the shop. Of the fifty people who joined, approximately twenty-five are second year students, another ten are from the first year class, and the rest are faculty and staff members from the Medical Area. Surprisingly, less than half live in Vanderbilt. But the total was about what Greene had expected. "Two or three hours each, from fifty people, would have been enough to get the place going. But it didn't happen quite that way." The clean-up crew turned out to be considerably smaller. Still, they managed to do the dirty work of sorting through, throwing out, and carting away the room's miscellaneous contents. Then they built some substantial workbenches — old doors glued together and mounted on dissecting table pedestals donated by the anatomy department. HMS maintenance workers provided the pegboard needed to hang up the smaller tools — and also painted the room. Electricians did the wiring, bringing in 220-volt lines for the two big saws and installing enough outlets to ensure that the shop floor wouldn't need to be crisscrossed by hazardous extension cords. Club members have constructed one lumber rack and are in the process of putting together a second.

From the start, Greene has shown a healthy obsession with safety. "Everybody signed a waiver form," he said, "and technically that's supposed to release the University from liability. But from what I've been told, even though it's a standard procedure, expected by the insurance people, ultimately it doesn't really cover them. You can't be negligent and then expect the waiver to protect you. I don't think we've been negligent about anything here." To prove his point, Greene enumerated the shop procedures and precautions he had devised in conjunction with the man in charge of insuring Harvard, who visited the shop and stipulated certain changes. "We had to anchor all the equipment that could conceivably fall over, things like the drill press that are heavy but tall, with a high center of gravity. And we have to have signs on each of the machines that say not to remove the safety guards under any circumstances, and to always wear goggles and dust masks. Also, we had to post shop rules, the ones on the blackboard as well as about twenty-five others that will be printed and taped up around the shop and distributed to all the members — things about the keys and the hours" — on weeknights the big machines and the hammers are not to be used after eight — "and telling people not to wear neckties or necklaces when they work around the saws."

Members must sign out keys — to the



workshop and to the key switches that have been installed on each of the power tools — from the guard in the Vanderbilt lobby, who has an up-to-date list of who has shown competence on which machines. Other safety features include a two-way intercom connected to the front desk, and a ventilation system and exhaust fan.

In addition to the physical safeguards, each member is required to attend a small group training session — conducted by Greene — prior to doing any work in the shop. "I'm not talking about teaching woodworking," he said. "I'm talking about covering how to adjust the tools, making sure the thing is square, and all the pitfalls to watch out for, both in terms of safety and of not ruining your project after you've invested considerable time and money. Good hardwoods are expensive. I emphasize things like the old carpenter's adage: Measure twice, cut once. But more important than that is training people to keep from hurting themselves."

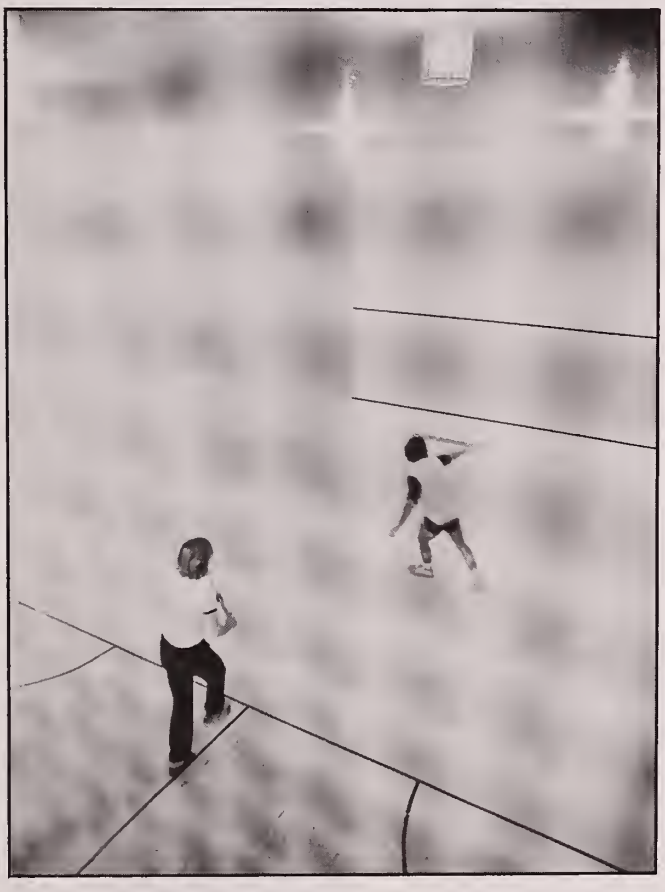
It is no coincidence that the shop will be utilized to help maintain the newly refurbished Vanderbilt Hall. Already, several dining room tables have been repaired. Suggestion boxes, bedboards, a laundry bin, and a magazine rack are currently being constructed, and it hasn't been difficult to come up with a host of other potential projects. Last fall the second and fourth year shows sacrificed their storage space to the workshop; now both will benefit from the more elaborate sets that can be built there. Designing and assembling stage properties obviously is a voluntary labor of love, but the question of whether students should be paid for their more utilitarian efforts around the dorm has not been so easy to answer. Greene insists that students should be compensated even at "the ordinary paltry work-study rate. It's not very much, but it would be good, because then students could earn something and have some fun down here, and eventually, I think, save the Medical School a lot of money." Atwood, however, is worried about how much her budget already has been drained by the shop — without, as Greene himself is quick to add, positively assuring its future. She would like students to donate their time. "But when and if students have any free time to spend down here," Greene argued, "It's reasonable to expect that they would want to earn a few dollars or else build something for their own rooms or apartments. To be asked to do things out of the goodness of their hearts is a little much. They didn't join the club to rebuild Vanderbilt Hall."

Despite uncertainty about the permanence of what is presently in the shop, Greene hopes someday to expand its scope. He would like to install metal-working equipment, and in fact has his eye on some in a University machine shop that has recently shut down. "Often graduate students and medical students on leaves of absence who are doing research in biophysics, orthopedic or cardiovascular biomechanics, and particularly the sciences related to bioengineering are responsible for building some of their own apparatuses — and if we get out from under financially — it might be worth the investment. I hope this place is going to be here for a long time."

time out

"The Vanderbilt Gymnasium with the five squash courts above it stamps the dormitory as unique."

—March 1927

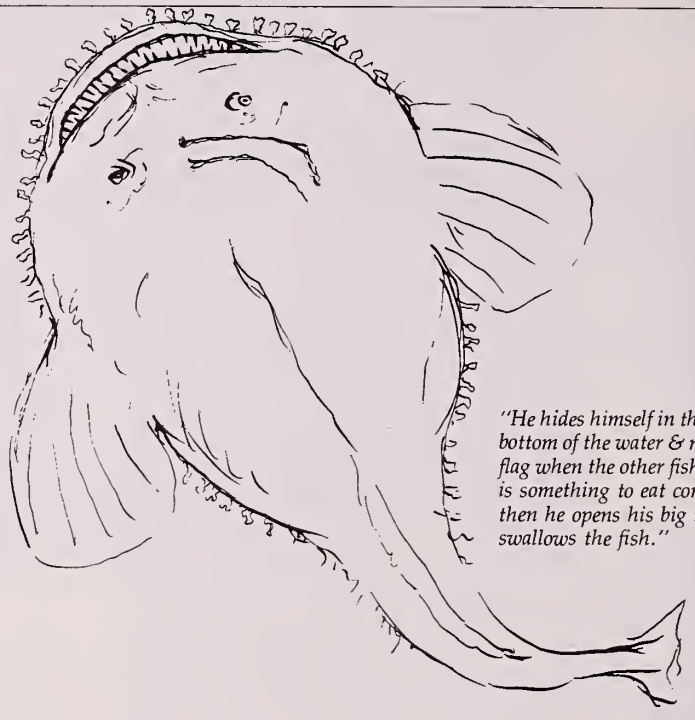


"Mr. Vanderbilt wishes that medical students should learn for themselves that conservation of health even in the midst of strenuous work pays. The years of preparation for medicine are long; without health they become valueless later. He believed that if medical students could work in an atmosphere of health, that they would form habits of health and exercise which would enable them to take care of themselves and to be examples for their patients for life. Mr. Vanderbilt put into our dormitory a gymnasium, but he has done far more, he has inserted in the curriculum of medical schools and in the doctor's pharmacopeia the science of exercise for the health of the graduate and the mature man."

—March 1927

book review

"His letters to Jeffie are like little piano pieces for children by Bach or Beethoven."



"He hides himself in the weeds at the bottom of the water & moves the little flag when the other fishes thinking it is something to eat come to bite it: then he opens his big mouth & swallows the fish."

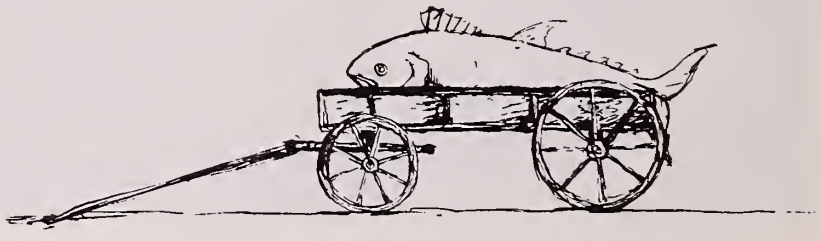
Dear Jeffie. *Being the letters from Jeffries Wyman, first director of the Peabody Museum, to his son, Jeffries Wyman, Jr.* Edited by George E. Gifford, Jr. Peabody Museum Press, Cambridge, Massachusetts, 1978.

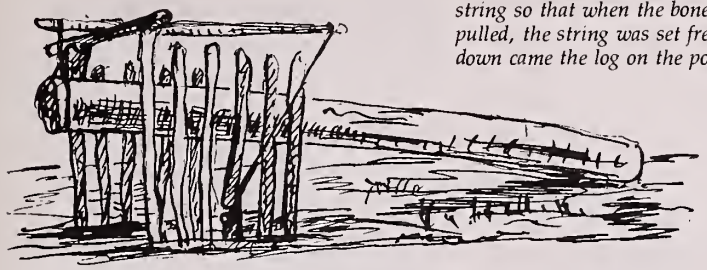
The pity is that this extraordinary collection of letters from father to young son is a limited edition, one thousand copies intended primarily for the members of the Peabody Museum Association. The reader, therefore, will have to seek it out, but it is worth the effort. Although the book will not be reprinted, copies are still available from the publications office at the museum.

Jeffries Wyman (1914–1874, HMS 1837), one of the great comparative anatomists of the mid–nineteenth century, was a friend of Agassiz, Darwin, Bowditch, Emerson, Peabody, Warren, and so on, *ad infinitum*. Even in an age of prodigious letter writers his correspondence with his scientific and literary peers was monumental. He also wrote to his young son, and George Gifford leads us into the Wyman attic to retrieve fifty–nine of these letters. He presents them in a slim volume graced with captivating sketches and wash drawings designed to instruct as well as amuse. They do both as effectively now as they must have a century ago.

Consider, for example, an illuminating fish story: "One of them which we saw when we walked in with our rubber boots on, is called a wolf–fish, because he is so ugly & has such awful bad looking teeth. He is about as long as you are & weighs nearly as much as you so you see he is an ugly creature to have take hold of your heels if you were walking in the water."

The letters begin when Jeffie was two and continue until Wyman's death in 1874 when Jeffie was ten and his father sixty. They are the letters from a father — in late middle age, under the shadow of a fateful disease (pulmonary tuberculosis), and separated for long intervals from his motherless son — to his child secure in a Cambridge family of aunts and older half–sisters. The letters are sometimes warm — "I was very much pleased with the kiss you sent me & wish you could have given it to me with your own little lips" — sometimes stern — "as you have been naughty, it was right that you should tell me of it, & I hope you will always tell me, even when no one asks you to do so...but if you do not behave well, you must recollect that you will be punished in some way" — but always with a purpose, to convey love, affection, and concern, to instruct and, I suspect, to achieve some measure of private immortality. They are, as Gifford describes them in his preface, "the work of a great scientist trying to instill in his son the concepts of acute observation and wonder." Withal they have an elegant simplicity embellished by annotated quizzical drawings — "a very big fish & he was so large that they were obliged to put him into a waggon & have a horse to drag him up from the shore."

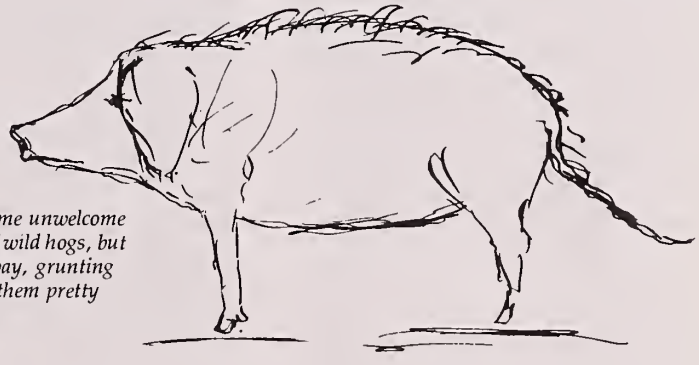




"A turkey bone was fastened to the string so that when the bone was pulled, the string was set free and down came the log on the possum . . ."

Photograph of Jeffries Wyman taken by Oliver Wendell Holmes on August 11, 1865.

Most of the letters were written among the natural wonders of Florida a hundred years ago. Indeed the book, or rather its editor, was given an award by the Florida Historical Society for the skill with which Florida is presented to young readers. Through his casual yet vivid accounts the elder Wyman teaches his distant son without seeming to do so: "I have been over to Gainesville, & saw what they call a *sink*, where a large piece of land caved in & went down into the earth, carrying down a great many trees with it. Such things happen here from time to time. One day a man was riding on a mule when the land sank and down went the man & mule, & the man was obliged to shout for somebody to come & help him out."



"Yesterday we had some unwelcome visitors in the shape of wild hogs, but we soon sent them away, grunting with sticks following them pretty smartly."

At times, however, the clear and occasionally rarefied air of nineteenth century Cambridge blows through the pages of *Dear Jeffie*, along with cool breezes from Maine and the White Mountains — which, Wyman writes on August 29, 1869, "we can see all around us, but which are, sometimes, as they were this morning, all covered with clouds. After a while the clouds opened & let the sun shine in, making beautiful patches of bright light on the green trees which cover the mountains almost everywhere, except on the tops."

From the frontispiece — a photograph of Jeffries Wyman taken by Oliver Wendell Holmes in August 1865 — to the final "Aff'y, yr. Father" of August 1874, *Dear Jeffie* is charming. Coming from a man whose "papers on biology and anthropology are," as George Gifford notes, "profound and significant, his letters to Jeffie are like little piano pieces for children by Bach and Beethoven." One hopes that the children of another age can be touched by the sensitivity that graces the pages of this collection.

—J. GORDON SCANNELL

Miami — E. Florida — March 10, 1869.